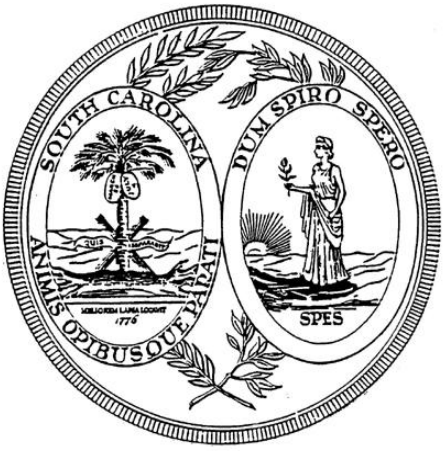
Hospital and Ambulatory Surgery Center Payment Manual

Effective October 1, 2006



South Carolina
Workers' Compensation Commission

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Workers' Compensation Commission

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Hospital and Ambulatory Surgery Center Payment Manual

OVERVIEW

The 2006 South Carolina Workers' Compensation Commission's Hospital and Ambulatory Surgery Center Payment Manual contains the policy governing the billing and payment of hospitals and ambulatory surgery centers for services rendered under the Workers' Compensation Act. The payment rates listed herein are deemed by the Commission to be fair and reasonable and were developed under the statutory and regulatory authority provided by Title 42 of the Code of Laws of South Carolina, 1976, as amended, and Chapter 67, Article 13 of the Regulations of the Workers' Compensation Commission.

On June 26, 2006 the South Carolina Workers' Compensation Commission approved revisions to its hospital inpatient and outpatient payment systems by adopting a prospective payment system for hospital inpatient, outpatient and ambulatory surgery center payments. **Effective October 1, 2006, for all inpatient and outpatient services, including procedures performed in ambulatory surgery centers, the maximum allowable payment (MAP) will be calculated at 140% of the Medicare payment, that is, the Medicare payment rate plus 40%. The MAP represents the maximum amount that a provider can legally be paid for rendering services under the Workers' Compensation Act. In instances where the provider's usual charge is lower than the MAP amount, or where the provider has agreed by contract with an employer or insurance carrier to accept discounts or lower fees than the Commission's MAP, payment is made at the lower amount.**

To facilitate the change to the new pricing systems, the Commission will price any hospital inpatient, outpatient or ambulatory surgery center bill at no charge to insurance carriers, self-insured funds or self-insured employers. Those bills may be sent to the Commission's Medical Services Division and the bill will be re-priced according to Medicare's current rate plus forty percent. When there is a dispute between any party concerning the payment for service, the provider or payer may request administrative review by the Commission's Medical Services Division. The Commission will conduct the review according to its established process for reviewing disputed payments. (See page 8, Disputed Payments, and page 51, Regulation 67-1305, Medical Bill Review.)

These changes are based in part on the recommendation of the Commission's Hospital Advisory Committee. In a continuation of its efforts to assure that workers' compensation medical fee schedules adequately pay for services provided, ensure access to quality care and contain costs for business and industry, the South Carolina Workers' Compensation Commission reconvened the Hospital Advisory Committee in November 2004 to advise the Commission on what, if any, changes were necessary to improve the hospital inpatient payment system. The committee also was charged with making recommendations on the establishment of an outpatient fee schedule. The fourteen member Advisory Committee was composed of representatives of the hospital industry, medical association, property and casualty insurance carriers, a self-insured fund, business and industry, and state government.

The full committee met six times over an eighteen month period to review the current system, review analysis conducted by staff, and to develop recommendations for improving the hospital inpatient and outpatient payment systems. A subcommittee consisting of six members from the full committee was formed in the summer of 2005 to further analyze data, including information provided by one hospital and two insurance companies, and to compare the existing payment system with Medicare.

Since 1997 the South Carolina Workers' Compensation Commission's hospital inpatient payment system has been based on Medicare's diagnosis related groups (DRGs), a classification system which sorts inpatient claims into one of over 500 classifications. Each hospital discharge can be assigned to a DRG group based on the diagnoses, procedures performed, complications, co-morbidities, signs, and symptoms and discharge status. A DRG payment system is prospective in nature in that the price is set prior to services being rendered. Payment is based on the diagnosis related group the claim is assigned and determined by the resource needs for the average patient for that diagnosis group. Also included in this determination is length of stay and intensity of services. Patients within a given diagnosis related group will demonstrate similar resource consumption and length of stay patterns. These DRG classifications were developed by the Centers for Medicare and Medicaid Services (CMS) for the Medicare program. The use of DRGs continues with the payment system effective October 1, 2006.

Prior to October 1, 2006, services performed on an outpatient basis at a hospital or ambulatory surgery center were not subject to the DRG classification payment methodology. In 1996 when the prior system was established by the Commission, Medicare was considering, but had not yet adopted, a prospective payment system for outpatient services. The 1997 amendments to the Commission's regulations provided that the Commission would develop a prospective payment system for outpatient hospital services and ambulatory surgery centers. The regulations also provided that until a prospective payment system is operational, the payments for hospital outpatient services and ambulatory surgery centers shall be set by the Commission based on a discount-to-charge basis.

While the former inpatient payment system was adequately designed for the financial and market conditions that existed in the early-to-mid 1990s, problems arose over the past five years. Even though DRG payment rates were held steady, costs continued to escalate as a result of charges increasing at such a significant rate that more and more claims fell into a category which received additional payment. Charges have increased at such a rate that both inpatient and outpatient billing no longer reflected actual cost of care. The gulf between costs and charges has widened and discounts to charges have increased with it - in part a result of rules or contracts established by different payment sources: Medicare, Medicaid, health insurance, workers' compensation insurance, or other contracts entered into by providers and payers.

Since 1996, inpatient and outpatient charges have increased 209% and 221% respectively. With inpatient discharges declining, the results over the past five years, on a per claim basis, have been worse. The average inpatient per claim charge has increased 27.5% annually since 2000. The average charge for outpatient claims has increased 16.3% over this same period of time.

The Commission expects the changes to establish prices that more closely reflect the cost of medical services, and to establish prices that are more competitive with those paid by large group health insurance companies – considering that workers' compensation provides for a single source of payment with little or no bad debt for compensable claims.

Hospital Inpatient Payment System

The Medicare Inpatient Prospective Payment System (IPPS) was introduced by the federal government in October, 1983, to encourage more cost-efficient management of medical care and the Commission established a DRG payment system in 1997. A DRG payment system is prospective in nature in that the price is set prior to the services being rendered. Patients within a given diagnosis related group will demonstrate similar resource consumption and length of stay patterns. Each hospital discharge can be assigned a DRG based on the diagnoses, procedures performed, complications, co-morbidities (pre-existing conditions), signs and symptoms and discharge status. Also included in this determination is length of stay and intensity of services. Currently, there are 526 DRGs for which a hospital is paid a flat rate for the DRG except for cases that are unusually costly, called outliers. Costs incurred by the hospital for a case are evaluated to determine whether it is eligible for additional payments as an outlier case. These additional payments protect the hospital from large financial losses due to unusually costly cases.

Specialty hospitals and units such as psychiatric and rehabilitation are excluded from the prospective payment system because the diagnosis related groups do not accurately account for the resource costs for the types of patients treated on an inpatient basis. Payments are based on a federal per diem base rate since there are wide variations in charges and lengths of stay. The facilities are paid on the basis of Medicare reasonable costs per case, limited by a hospital specific target amount per discharge.

Outpatient Payment System

In 1997, Medicare was considering adopting an Outpatient Prospective Payment System (OPPS) for outpatient services and the system was implemented in 2000. The 1997 amendments to the Commission's regulations provided that the Commission would develop a prospective payment system for outpatient hospital services and services rendered by ambulatory surgery centers (Regulation 67-1304). Medicare's Hospital Outpatient Payment System (HOPPS) reimburses outpatient services performed at a hospital by utilizing the Ambulatory Patient Classifications. APCs are similar to DRGs in that it is a prospective payment system which pays hospitals specific predetermined payment rates for outpatient services by using a classification system that groups claims which are similar in nature, have similar clinical characteristics and are similar in the kind and amount of resources that will be necessary, on average, to treat the case. APCs require that all outpatient bills use the Healthcare Common Procedure Coding System (HCPCS) including Current Procedural Terminology Codes (CPT). Each APC is assigned a relative payment weight based on the median cost of the services within the APC. Using an individual

hospital's wage index, rates are adjusted across geographic areas for wage differences and the labor-related portion of the payment rate. A hospital may furnish a number of services to a beneficiary on the same day and receive an APC payment for each service; however, multiple surgical procedures performed on the same day are discounted.

The Advisory Committee reviewed outpatient payment methods currently being used by other states for workers' compensation programs. Ambulatory Surgery Centers (ASCs) operate exclusively for the purpose of furnishing outpatient surgical services to patients. An ASC is either independent (not a part of a provider of services or any other facility), or operated by a hospital (under common ownership, licensure or control of a hospital). Services performed on an outpatient basis at a hospital or an ambulatory surgery center is not subject to the DRG classification payment methodology.

Under the Ambulatory Surgery Center (ASC) payment system, the payment rate is established on the basis of an estimate that takes into account the facility costs to perform a specific procedure. The overhead factor is calculated on a prospective basis which takes into account the volume for each listed procedure. Procedures on the approved ASC list currently are assigned to one of fifty-six payment groups. Medicare establishes a list of approved procedures that are commonly performed in an inpatient setting but can be safely performed in an outpatient setting.

GENERAL POLICY

Effective Date

The policies and payments listed in this manual are effective as of October 1, 2006. Any claim for services rendered on or after October 1, 2006 is subject to the payment methodologies described herein. For the purpose of determining payment, the date of service for an inpatient hospital stay is the date of admission.

Authorization to Treat

Health care providers must receive authorization from the employer or insurance carrier prior to providing treatment, except for emergency care when the carrier cannot be reached. When an employer authorizes treatment, whether verbally or in writing, the employer assumes liability for payment for that service, even if it is later determined the injury was not work-related. Whenever possible, providers should obtain written authorization from the employer. Providers may request the employer to fax a written authorization at the time authorization is given. If it is not possible to obtain written authorization, the provider should document the authorization by noting the date and time of the authorization and the name of the individual who authorized treatment. Verifying that the employer has workers' compensation insurance coverage is not authorization to treat.

Medical Services Rendered in Another State

The payment rates listed in this manual are not applicable to medical services rendered outside the state of South Carolina even when the services are provided under the South Carolina Workers' Compensation Act. Insurers and self-insurers should negotiate rates with out-of-state providers prior to authorizing care.

Out-of-State Injuries or Work-Related Illnesses Treated in South Carolina

It is possible that an individual may receive medical services in South Carolina for injuries incurred in an accident under the jurisdiction of another state's workers' compensation act. In this case, the policy and procedures listed herein would not apply. However, when a worker receives medical services in South Carolina pursuant to the South Carolina Act, the payment is subject to the policy listed in this document regardless of where the injury occurred. Providers may contact the payer to determine whether benefits are being provided pursuant to South Carolina law or the laws of another state.

Submitting Claims for Payment

Insurance companies, self-insurance funds, or self-insured employers providing workers' compensation coverage are directly responsible for issuing payments to authorized providers. Providers should submit claims to the employer or insurance carrier for payment. (The Commission does not pay health care providers.) A provider who is unsure who the insurance carrier is may contact either the employer, the Commission's Coverage Division (803.737.5704), or verify the employer's insurance company's name and address via the Commission's web site at www.wcc.sc.gov/Insurance/Verify+Coverage/.

Collecting Payment

To determine the status of an unpaid claim, please contact the employer or insurance carrier.

"Balance Billing" and Collection Procedures Against the Claimant

Medical providers are to be paid for authorized services at rates no higher than those specified in this document. If a provider's charge is greater than the amount approved by the Commission, the provider must *not* bill the patient or the employer for the difference.

It is unlawful for a medical provider to actively pursue collection procedures against a workers' compensation claimant prior to the final adjudication of the claimant's claim. A medical provider who violates this regulation after receiving written notice from the claimant or the claimant's attorney is guilty of a misdemeanor and may be fined up to $500, payable to the claimant. (See page 48, §42-9-360.)

Copies of Records and Reports

Providers must submit copies of records and reports to insurance carriers, claimants or their attorney, or the Commission, upon request. Providers may not charge for supplying documents when such documents are requested by the Commission or when supplying an initial copy to the reviewer/payer for the purpose of substantiating charges and/or medical necessity. (See page 51, §42-15-95, and page 53, Regulations 67-1301 and 67-1303).

In those instances where a charge is allowed, the maximum charge for providing records and reports is $15 clerical fee plus 65¢ per page for the first thirty pages, and 50¢ per page for each page over thirty, plus sales tax and actual cost for postage to mail the documents.

Providers who use a medical records company to make and provide copies of medical records must ensure that neither the Commission nor the reviewer is billed for the cost of copies when the purpose of the copies is to substantiate charges and/or medical necessity.

Providers do *not* need authorization from the injured worker to release to the employee, employer, insurance carrier, their attorneys, or to the Commission, medical records relating to a workers' compensation injury or illness. (See page 49, §42-15-95.)

Claims Review

All claims for payment of medical services rendered under the Workers' Compensation Act must be reviewed prior to payment to ensure that the services rendered were reported accurately on the claim form and that payment is made according to the policies and payments outlined in this document. The Commission requires insurance carriers, self-insured employers and third party administrators to become approved by the Commission to conduct claims review. Parties interested in becoming approved reviewers should contact the Medical Services Division.

A provider who has a question regarding a payment or reduction should write or call the party that reviewed the claim prior to contacting the Commission. If the matter cannot be resolved by contacting the reviewer, submit the claim and any documentation to the South Carolina Workers' Compensation Commission Medical Services Division for review. (See page 8, Disputed Payments.)

Timeliness

Payment to authorized medical providers are to be made within thirty (30) days of the request for payment, pursuant to §42-9-360. Exceptions to the thirty day requirement may be made when the bill has been submitted to the Commission for review, or when documentation necessary to the bill review was not submitted with the claim and must be requested from the provider. In cases where documentation must be requested from the provider, payment must be made within 30 days of receipt of the requested information.

Explanation of Review (EOR)

The Commission and entities approved by the Commission may review and reduce provider charges to coincide with the guidelines and payment rates described in this document. When issuing payment to a provider, the reviewer/payer must include an Explanation of Review (EOR). The EOR must explain why the charge(s) has been reduced or disallowed. If the reviewer/payer uses codes to explain the adjustment, it must furnish the provider with a written explanation of each code used. The EOR must also include appropriate identifying information so the provider can relate a specific payment to the applicable claimant, the procedure billed and the date of service.

All EORs must include a notice informing providers of their right to request an administrative review by the Commission's Medical Services Division in case of a disputed payment that cannot

be resolved by contacting the reviewer/payer.

Disputed Payments

When a provider disagrees with a review and payment for any service, the provider may make a written request for reconsideration to the reviewer/payer within 60 days from receipt of the EOR. The request must include a copy of the claim in question, the EOR and any supporting documentation to substantiate the charge/service in question. A dispute must be based on extenuating circumstances involved in the case or the provider's belief that the review was not in accordance with Commission policy.

Upon receipt of a request for reconsideration, the reviewer/payer must review and re-evaluate the original bill and accompanying documentation, using a medical consultant if necessary, and respond to the provider within 30 days of the date of receipt. The payer's response to the provider must explain the reason(s) behind the decision and cite the specific policy upon which the final adjustment was made.

If the provider finds the result of the reviewer/payer's reconsideration unsatisfactory, that provider may then request an administrative review by the Commission's Medical Services Division. Providers may send a written request for resolution of a disputed payment to the Division within 60 days of the payer's reconsideration, or 90 days from the date of the original request for reconsideration when the payer has not responded. A request for resolution of a disputed payment must include the following:

1) Copies of the original and resubmitted bills;

2) Copies of the Explanation of Payment;

3) Copies of any supporting documentation to include physician's medical notes and/or operative reports.

4) Copies of correspondence and/or specific information regarding contact with the payer.

The Medical Services Division will review the information, make a determination and provide written notification of its decision to both the provider and the payer within 30 days of receipt. Send requests to resolve a dispute to:

Medical Services Division
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

INPATIENT AND OUTPATIENT PROSPECTIVE PAYMENT SYSTEMS

A prospective payment system (PPS) is a method of reimbursement in which payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service. (For example, DRGs for inpatient hospital services) CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing.

The South Carolina Workers' Compensation Commission's DRG and APC Grouping software program will be updated quarterly as Medicare updates payment policies and prices. The ASC payment groups will be updated as needed to reflect any additions or deletions.

The Medical Services Division will assist insurance carriers, self-insured funds, and self-insured employers in pricing hospital inpatient and outpatient and ambulatory surgery center claims free of charge. Claims submissions must be directly mailed to the Medical Services Division to ensure legibility. Claims and supporting documentation to include hospital and/or physician's notes and operative notes may be mailed to the address listed below.

Medical Services Division
South Carolina Workers' Compensation Commission
1612 Marion Street
Post Office Box 1715
Columbia, SC 29202-1715

INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS)

The IPPS is a system of payment for acute hospital inpatient stays under Medicare Part A based on prospectively set rates. The specific payment amount is based on the diagnosis related group (DRG) assigned to the claim based on clinical information. The payment amount for each DRG is intended to cover the necessary costs of the average patient assigned to that DRG. The amounts paid to hospitals are adjusted depending on whether the hospital is in a large urban area or in another area, whether it is a teaching hospital, and whether it serves a disproportionate share of indigent patients. The payment amount also is adjusted to account for the different labor costs and market conditions in different areas. Hospitals also may receive an additional payment called an "outlier payment" for exceptionally costly cases.

The base payment rate is comprised of a standardized amount, which is divided into labor-related and non-labor share. The labor-related share is adjusted by the wage index applicable to the area where the hospital is located. The DRG payment is the base amount multiplied by the DRG "relative weight".

Relative Weight

Each DRG is assigned a "relative weight", which reflects the average relative costs of cases in the DRG compared to that for the average Medicare case. These weights are adjusted each year and are used to set payment rates.

Wage Index

As part of the methodology for determining prospective payments to hospitals, standardized amounts are adjusted "for area differences in hospital wage levels by a factor reflecting the relative hospital wage level in the geographic area of the hospital compared to the national average hospital wage level." This adjustment factor is the wage index. The wage index adjustment factor is applied only to the labor portion of the standardized amounts and is updated annually.

Disproportionate Share Hospital (DSH)

A DSH can receive an additional percentage add-on payment if the hospital is recognized as serving a disproportionate share of low-income patients.

Indirect Cost of Medical Education (IME)

Prospective payment hospitals that have residents in an approved graduate medical education (GME) program receive an additional payment to reflect the higher patient care costs of teaching hospitals relative to non-teaching hospitals. This additional payment is known as the IME adjustment.

Outlier Payment

An additional payment is provided in addition to the DRG adjusted base payment rate for cases incurring extraordinarily high costs. These payments are called outlier payments. The costs incurred by the hospital for the case are evaluated to determine whether it is eligible for additional payments as an outlier case. This additional payment is designed to protect the hospital from large financial losses due to unusually expensive cases.

To qualify for outlier payments, a case must have costs above a fixed-loss cost threshold amount (a dollar amount by which the costs of a case must exceed payments in order to qualify for outliers). Hospital-specific cost-to-charge ratios are applied to the covered charges for a case to determine whether the costs of the case exceed the fixed-loss outlier threshold. Payments for eligible cases are then made based on a marginal cost factor, which is a percentage of the costs above the threshold. CMS publishes the outlier threshold in the annual Inpatient Prospective Payment System (IPPS) Final Rule.

The actual determination of whether a case qualifies for outlier payments takes into account operating and capital costs and DRG payments. Thus, the combined operating and capital costs of a case must exceed the fixed loss outlier threshold to qualify for an outlier payment. The operating and capital costs are computed separately by multiplying the total covered charges by the operating and capital cost-to-charge ratios. The estimated operating and capital costs are compared with the fixed-loss threshold after dividing that threshold into an operating portion and a capital portion (by first summing the operating and capital ratios and then determining the proportion of that total comprised by the operating and capital ratios and applying these percentages to the fixed-loss threshold). The thresholds are also adjusted by the area wage index (and capital geographic adjustment factor) before being compared to the operating and capital costs of the case. Finally, the outlier payment is based on a marginal cost factor equal to 80 percent of the combined operating and capital costs in excess of the fixed-loss threshold (90 percent for burn DRGs).

Cost-to-charge ratios

Hospital-specific cost-to-charge ratios are applied to the covered charges for a case to determine whether the costs of the case exceed the fixed-loss outlier threshold. CMS publishes a detailed list of cost-to-charge ratios by provider and by Federal Fiscal Year in the Impact File.

Assigning a DRG Classification

The DRG classifications are those developed by CMS for the Medicare program. All claims for inpatient hospital services must be assigned a DRG classification based in general on the diagnoses, procedures performed, complications, co-morbidities, signs, symptoms, length of stay and discharge status.

Determining Payment

Elements of the IPPS Payment

- The standardized amounts, which are the basic payment amounts.
- A wage index to account for differences in hospital labor costs.
- The DRG relative weights, which account for differences in the mix of patients treated across hospitals.
- An add-on payment for hospitals that serve a disproportionate share of low-income patients (DSH).
- An add-on payment for hospitals that incur indirect cost of medical education (IME).
- Outlier payment, determine if the case qualifies for additional payment.

Hospital Specific DRG Payment = PPS Operating Payment + PPS Capital Payment

Calculations:

PPS Operating Payment:
DRG Relative Weight x [(Standardized Labor Share x Operating Wage Index) + (Standardized Non-Labor Share)] x (1 + Operating IME + Operating DSH Adjustment Factor)

PPS Capital Payment:
DRG Relative Weight x (Standard Federal Rate) x (GAF) x (Large Urban Add-on, if applicable) x (1 + DSH Adjustment Factor + IME Adjustment Factor)

Location of elements for PPS Operating Payment (The FY files should reflect the date of service)

Date Element	Location
Standardized Labor Share	Federal Register Final Rule
Operating Wage Index	PPS Impact File
Standardized Non-Labor Share	Federal Register Final Rule
Operating IME Adjustment	PPS Impact File
Operating DSH Adjustment Factor	PPS Impact File
DRG Weight	DRG Relative Weight File

Location of elements for PPS Capital Payment (The FY files should reflect the date of service)

Date Element	Location
Capital Standard Federal Payment Rate	Federal Register Final Rule
Geographic Cost (GAF)	Federal Register Final Rule
Large Urban Add-On (if applicable)	1.03 (fixed adjustment factor since 1993)
Capital IME Adjustment	PPS Impact File
Capital DSH Adjustment Factor	PPS Impact File
DRG Weight	DRG Relative Weight File

When calculating an IPPS payment, the FY file should be used to reflect the date of service. All data elements are updated annually in the Federal Register Final Rule.

1. Identify the CMS Medicare provider number for the hospital. If you do not have the provider number, you can search by facility name or state on the American Hospital Directory website www.ahd.com.

2. Download the following two files from the CMS website www.cms.hhs.gov/AcuteInpatientPPS/.
   - Inpatient PPS Final Rule Impact File for corresponding year. The PPS Impact file supplies hospital specific information such as the wage indices, DSH, and IME.
   - DRG Relative Weights File

3. Search the Federal Register Final Rule for the following tables:
   - National Adjusted Operating Standardized Amounts, Labor/Non-labor
   - Capital Standard Federal Payment Rate
   - Wage Index and Capital Geographic Adjustment Factor (GAF) for Urban Areas
   - Wage Index and Capital Geographic Adjustment Factor (GAF) for Rural Areas
   - Wage Index and Capital Geographic Factor (GAF) for hospitals that are reclassified (this table is used when the hospital is identified as reclassified; see variable "reclassification status" in PPS Impact File)

4. Calculate the PPS Hospital Specific DRG Price. The calculation is broken down into two separate calculations:
   1) PPS Operating Payment, and
   2) PPS Capital Payment.

<u>PPS Operating Payment</u>
DRG Relative Weight x [(Standardized Labor Share x Operating Wage Index) + (Standardized Non-Labor Share)] x (1 + Operating IME + Operating DSH Adjustment Factor)

PPS Capital Payment
DRG Relative Weight x (Standard Federal Rate) x (GAF) x (Large Urban Add-on, if applicable) x (1 + DSH Adjustment Factor + IME Adjustment Factor)

PPS Operating Payment + PPS Capital Payment = Hospital Specific DRG Payment

Outlier Payment

1. Determine Costs:
   Operating Costs = Billed Charges x Operating Cost-to-Charge Ratio
   Capital Costs = Billed charges x Capital Cost to-Charge-Ratio
2. Determine Outlier Threshold
   Fixed Loss Threshold (Published in the Federal Register Final Rule for each year)

Determine Operating Cost-to-Charge Ratio to Total Cost-to-Charge Ratio (hospital specific) = (Operating CCR) / (Operating CCR + Capital CCR)

Calculate Operating Outlier Threshold = {[Fixed Loss Threshold x ((Labor related portion x CBSA wage index) + Non-labor related portion)] x Operating CCR to Total CCR} + PPS Operating Payment

Determine Capital Cost-to-Charge Ratio to Total Cost-to-Charge Ratio (hospital specific) = [Capital CCR) / (Operating CCR + Capital CCR)]

Calculate Capital Outlier Threshold = (Fixed Loss Threshold x Geographic Adjustment Factor x (Large Urban Add-On, if applicable) x Capital CCR to Total CCR) + PPS Capital Payment

Determine Outlier Payment: Marginal Cost Factor 0.80 of the combined operating and capital costs in excess of the fixed-loss threshold Outlier Payment = (Cost – Outlier Threshold) x Marginal Cost Factor

Calculate Outlier Payment for both operating and capital. Combined operating and capital costs for a case must exceed the combined threshold to qualify for an outlier payment.

The following information for the FY is found on the CMS website under Acute Inpatient PPS:
DRG Relative Weights: Acute Inpatient File for Download
www.cms.hhs.gov/AcuteInpatientPPS/FFD/list.asp

Wage Index Tables: Acute Inpatient Wage Index Files
www.cms.hhs.gov/AcuteInpatientPPS/WIFN/list.asp

DSH Adjustment Factor: DSH Adjustment Factor, IME Adjustment Factor, Operating Cost-to-Charge Ratio, and Capital Cost-to-Charge Ratio: Acute Inpatient Files for Download

www.cms.hhs.gov/AcuteInpatientPPS/FFD/itemdetail.asp

Standardized Labor/Non-Labor Share, Standard Federal Payment Weight, and Geographic Cost Factor tables can be downloaded from CMS or the Federal Register at the GPOAccess website.
http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
www.gpoaccess.gov/fr/index

Inpatient Psychiatric Facility

Inpatient Psychiatric facilities are excluded from the Inpatient Prospective Payment System (IPPS) and are not paid the DRG amount provided under the DRG Payment system used in the IPPS. Rather, they are paid under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) using a base rate with the possibility of various adjustments. Each DRG has a calculated adjustment factor specific to the diagnoses of which it is comprised. The IPF PPS uses the existing inpatient hospital DRG system to group inpatient psychiatric patients into one of the 15 allowed psychiatric DRG groups but does not use the inpatient PPS payment amount. The IPF PPS has its own set of payment adjustment factors for each of the DRG codes allowed. The DRG payment adjustment amounts are applied to the Federal per diem rate along with any other applicable payment adjustments to compute the final per diem amount for each inpatient psychiatric stay.

A Federal per diem base rate is set for each fiscal year which is broken into labor-share and non-labor-share. The Federal per diem base rate provides patient-level and facility-level adjustments. Additional payments are provided for cost outlier cases.

The Inpatient Psychiatric Facility PPS PC PRICER makes all reimbursement calculations applicable under the IPF PPS including all payment adjustments. The IPF PPS PC Pricer can be downloaded from the CMS website at www.cms.hhs.gov/PCPricer/.

Inpatient Rehabilitation Facility

Inpatient Rehabilitation facilities (IRFs) include free standing rehabilitation hospitals and rehabilitation units in acute care hospitals. They provide an intensive rehabilitation program. IRFs are also exempt from the Inpatient Prospective Payment System (IPPS) and are paid under the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS).

The IRF PPS utilizes information from a patient assessment instrument (IRF PAI) to classify patients into distinct groups based on clinical characteristics and expected resource needs. Separate payments are calculated for each group, including the application of case and facility level adjustments.

The IRF PPS PC Pricer can be downloaded from the CMS website www.cms.hhs.gov/PCPricer/.

Payment

The Maximum Allowable Payment (MAP) will be calculated at 140% of the Medicare payment. The MAP represents the maximum amount that a provider can legally be paid for rendering services under the Workers' Compensation Act. In instances where the provider's usual charge is lower than the MAP amount, or where the provider has agreed by contract with an employer or insurance carrier to accept discounts or lower fees than the Commission's MAP, payment is made at the lower amount.

OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)

Ambulatory Payment Classifications (APCs)

Hospitals are paid specific predetermined payment rates for services that are calculated based on grouping outpatient services into ambulatory payment classifications (APCs). Services within an APC are similar clinically and require comparable resources. Each APC is assigned a relative payment rate based on the median cost of the services within that classification. The payment rates are initially determined on a national basis; however, the rates actually paid to hospitals in an area will vary, depending on the area's wage level. To adjust for wage differences across geographic areas, the labor-related portion of the payment rate (60 percent) is wage adjusted, using the individual hospital's wage index.
(See CMS web site http://www.cms.hhs.gov/HospitalOutpatientPPS/HORD/list.asp.)

Some incidental items and services will be packaged into the APC payment. No separate payment is made for packaged services because the cost of these items is included in the APC payment for the service of which they are a primary part. Supplies, anesthesia, recovery room and certain drugs are considered to be a primary part of a surgical procedure and payment for these items is packaged into the APC payment. (See Payment Policies)

Implantable orthotic and prosthetic devices and implantable DME are paid under the OPPS when billed with the appropriate HCPCS and revenue codes. Payment for non-implantable orthotic and prosthetic devices furnished by an OPPS hospital is made under Medicare's Durable Medical Equipment, Prosthetic Orthotic, and Supply (DMEPOS) fee schedule when billed with the appropriate HCPCS and revenue code. Non-implantable DME furnished by an OPPS hospital should be billed on the CMS-1500 Form. Payment will be made under the DMEPOS fee schedule.

Depending on the services provided, a hospital may be paid for more than one APC for an encounter; however, multiple surgical procedures performed on the same day will be discounted. Full payment may be made for the highest paid procedure and 50 percent will be paid for each additional surgical procedure.

APC groups, relative payment rates, wage adjustments, outlier payments are reviewed by CMS on an annual basis. The annual updates are made final through the publication of proposed and final rules in the Federal Register. (See http://www.cms.hhs.gov/providers/hopps/)

The Outpatient Code Editor (OCE) will be used to determine permissible consolidation in order to identify mutually exclusive procedures and comprehensive and component procedure code combinations that are reimbursable for the same operative session when rendered by the same provider on the same date of service.

Billing Procedures

Hospital outpatient services are billed on Form CMS-1450 (UB-92).

HCPCS Codes

HCPCS codes are entered in field # 44 and are required for all outpatient hospital services unless specifically excepted in CMS's manual instructions. Codes are required for surgery, radiology, other diagnostic procedures, clinical diagnostic laboratory, durable medical equipment, orthotic-prosthetic devices, take-home surgical dressings, therapies, preventative services, blood and blood products and most drugs.

Revenue Codes

Hospitals are to report the HCPCS codes under the revenue center where they were performed. Revenue Codes are entered in field 42. The following revenue codes when billed without HCPCS codes are packaged services for which no separate payment is made; however, the cost of these services is included in the transitional outpatient payment and outlier calculations.

0250, 0251, 0252, 0254, 0255, 0257, 0258, 0259, 0260, 0262, 0263, 0264, 0269, 0270, 0271, 0272, 0275, 0276, 0278,0279, 0280, 0289, 0370, 0371, 0372, 0379, 0390, 0399, 0560, 0569, 0621, 0622, 0624, 0630, 0631, 0632, 0633, 0637, 0681, 0682, 0683, 0684, 0689, 0700, 0709, 0710, 0710, 0719, 0720, 0721, 0762, 0810, 0819, and 0942.

Modifiers

Modifiers are a 2-digit code that are reported next to the CPT code to indicate a service or procedure has been performed or altered by a specific set of circumstances that do not change the definition of the code. There is a space for two modifiers, one in field 6 and one in field 7. When it is appropriate to use a modifier, the most specific modifier should be used first.

Line Item Date of Services

A line item date of service must be entered in field 45 for each HCPCS code reported.

Description of Service Provided

A description of the service provided should be entered in field 43.

Reporting Service Units

Service units must be reported to determine the number of times the service or procedure being reported was performed. Service units are entered in field 46.

Charges

Total charges for each service reported are entered in field 47.

Payment

The Maximum Allowable Payment (MAP) for services under the OPPS will be calculated at 140% of the Medicare payment. The MAP represents the maximum amount that a provider can legally be paid for rendering services under the Workers' Compensation Act. In instances where the provider's usual charge is lower than the MAP amount, or where the provider has agreed by contract with an employer or insurance carrier to accept discounts or lower fees than the Commission's MAP, payment is made at the lower amount.

National Correct Hospital Outpatient PPS NCCI Coding Initiatives Edits

The CCI edits are part of the Outpatient Code Editor that determines payment for OPPS Services.

Column 1/Column 2 Correct Coding Edits (formerly Comprehensive/Component) apply to code combinations where one of the codes is a component of a more comprehensive code. Payment is allowed only for the comprehensive code.

Mutually exclusive codes are those codes that cannot reasonably be done in the same session. CPT codes that are mutually exclusive of one another based either on the CPT definition or the medical impossibility/improbability that the procedures could be performed at the same session can be identified as code pairs. Code pairs should not be reported together.

New HCPCS codes have been introduced to describe hospital emergency visits provided in part-time dedicated emergency departments that are not open 24 hours per day, seven days per week. The G-codes will be paid as hospital clinic visits.

Critical care services now include the activation of a trauma response team. In addition to reporting CPT codes 99291 and 99292, providers must report G0390.

Payment Status Indicators

CMS has identified payment status indicators that determine if a service is paid under the OPPS or a different fee schedule, or if the service is not paid due to packaging rules.

Status Indicator A: Services furnished that are paid under a fee schedule or payment system other than OPPS include:

- Ambulance services
- Clinical Diagnostic Laboratory Services
- Non-Implantable Prosthetic and Orthotic Devices
- Physical, Occupational, and Speech Therapy
- Routine Dialysis Services Provided in a Certified Dialysis Unit of a Hospital
- Diagnostic and Screening Mammography

Status Indicator B: May be paid when submitted on a different bill type but are not paid under OPPS. These codes are not recognized by OPPS. An alternative code may be available.

Status Indicator C: Inpatient Procedures not paid under OPPS

Status Indicator D: Discontinued Codes not paid under OPPS

Status Indicator E: Items, Codes, and Services that are not covered but for which an alternate code for the same item or service may be available.

Status Indicator F: Corneal Tissue Acquisition and certain CRNA Services and Hepatitis B Vaccines: Not paid under OPPS.

Status Indicator G: Pass Through Drugs and Biologicals: Paid under OPPS; Separate APC Payment includes pass-through amount.

Status Indicator H: Pass-Through Categories: Separate cost-based pass-through payment.

Status Indicator K: Non-Pass-Through Drugs, Biologicals, and Radiopharmaceutical Agents, Brachytherapy Sources, and Blood and Blood Products: Paid under OPPS; Separate APC Payment.

Status Indicator L: Influenza Vaccine, Pneumococcal Pneumonia Vaccine: Not paid under OPPS.

Status Indicator M: Items and Services Not Billable; Not paid under OPPS.

Status Indicator N: Items and Services Packaged into APC Rates: Paid under OPPS; Payment is packaged into payment for other services, including outliers. There is no separate APC payment.

Status Indicator P: Partial Hospitalization: Paid under OPPS; Per diem APC payment.

Status Indicator Q: Packaged Services Subject to Separate Payment Under OPPS Payment Criteria: Paid under OPPS. Separate APC payment based on OPPS payment criteria. If criteria are not met, payment is packaged into payment for other services, including outliers. There is no separate APC payment.

Status Indicator S: Significant Procedure, Not Discounted when Multiple: Paid under OPPS; Separate APC Payment.

Status Indicator T: Significant Procedure, Multiple Reduction Applies: Paid under OPPS; Separate APC payment.

Status Indicator V: Clinic or Emergency Department Visit: Paid under OPPS; Separate APC payment.

Status Indicator Y: Non-Implantable Durable Medical Equipment: Not paid under OPPS; All institutional providers other than home health agencies bill to DMERC.

Status Indicator X: Ancillary Services: Paid under OPPS; Separate APC payment.

Outlier Payments

Outlier payments are automatically calculated based on each individual OPPS line item service and are intended to partially compensate hospitals for certain high cost services. To be eligible for an outlier payment, the estimated costs for a service must be greater than 1.75 times the payment amount for the APC and greater than the APC payment amount and the outlier threshold. The outlier threshold for 2007 is $1,825.00. The outlier payment is 50% of estimated cost less 1.75 times the APC payment amount.

Process and information required to apply for assignment and payment for new technology APCs can be accessed at http://cms.hhs.gov/regulations/hopps/finalnewtechapc11602,pdf.

Process and information required to apply for transitional pass-through payment for additional device categories can be accessed at http://cms.hhs.gov/regulations/hopps/newcatapp11602final1.pdf.

CMS updates the OPPS on a quarterly basis to account for changes such as adding new pass-through drugs and/or devices, adding new treatments and procedures to the new technology APCs, removing procedures from the inpatient list, and recognizing new HCPCS codes that may be added during the year. These updates can be accessed at http://www.cms.gov/manuals/cmsindex.asp.

AMBULATORY SURGERY CENTERS

Ambulatory Surgery Centers (ASCs) furnish outpatient surgical services for procedures that are on Medicare's list of ASC approved procedures. The ASC payment rate is a standard overhead amount established on the basis of an estimate of a fee that takes into account the costs incurred by ASC's in providing facility services in connection with performing a specific procedure. The overhead factor takes into account the volume for each listed procedure.

The Centers for Medicare & Medicaid Services (CMS) publishes a list of procedures for which an ASC may be paid each year, including periodic updates of ASC HCPCS additions, deletions, and master listing files. This includes applicable codes, payment groups, and payment amounts for each ASC group.

The ASC payment rate includes only the specific ASC services. Some medical services which are not on the list, such as physician services, anesthetist services, prosthetic devices, and DME may be covered and separately billable by the rendering provider for which payment may be made under other provisions.

Approved Procedures

To access the complete list of ASC approved HCPCS codes and payment rates, please visit the CMS website at www.cms.hhs.gov/ASCPayment. These files contain the procedure codes which may be performed in an ASC under the Medicare program as well as the ASC payment group assigned to each of the procedure codes. The ASC payment group determines the amount that is paid for facility services furnished in connection with a covered procedure.

An ASC may not bill for procedures that require more than an ASC level of care or minor procedures that are normally performed in a physician's office. Only those procedures which are on Medicare's approved ASC HCPCS list will be reimbursed.

ASC Facility Services

The ASC payment rate includes all facility services furnished by the ASC in connection with a covered procedure and may not be billed separately. Examples of ASC facility services include:

- Nursing services, services of technical personnel, and other related services;
- The use by the patient of the ASC facilities;
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;
- Diagnostic or therapeutic items and services;
- Administrative, recordkeeping, and housekeeping items and services;
- Blood, blood plasma, platelets, etc., except for those to which the blood deductible

applies;
- Materials for anesthesia; and
- Intraocular lenses (IOLs) except for new technology IOLs (NTIOLs) (refer to 42 CFR 416.180-200).

Services Furnished in ASCs Which Are Not ASC Facility Services

Some medical services and a number of items may be furnished in an ASC which are not considered facility services and which the ASC payment does not include. The non-ASC services are covered and paid for under the applicable SCWCC fee schedule. Examples of non-ASC facility services include:

- Physician services;
- The purchase or rental of non-implantable durable medical equipment (DME) to ASC patients for use in their homes;
- Non-implantable prosthetic devices;
- Implantable prosthetic devices except intraocular lenses (IOLs and NTIOLs), and accessories;
- Leg, arm, back and neck braces;
- Artificial legs, arms and eyes; and
- Services furnished by a certified laboratory.

Multiple Procedures

More than one surgical procedure may be performed in the same operative session. Special rules apply to this situation. When two or more procedures are performed, the ASC will be reimbursed at the full rate for the procedure classified in the highest payment group. Any other procedures performed during the same session are reimbursed at 50% of the procedure's applicable group rate.

If more than one procedure in the same payment group is performed, one procedure will be paid at the full payment rate and the remaining procedure(s) at 50 % of the payment rate.

Correct Coding

The Correct Coding Initiative (CCI) will be utilized in order to determine the appropriate billing of CPT and HCPCS codes. In general, if an ASC bills a CPT/HCPCS code that is considered to be a component part of a more comprehensive service for the same patient on the same date of service, only the more comprehensive code is covered, provided that code in on the list of ASC approved codes.

Billing Procedures

HCPCS/CPT Codes are billed on the HCFA Form 1500 and are assigned to one of the fifty-six payment groups.

Payment

The Maximum Allowable Payment (MAP) will be calculated at 140% of the Medicare payment. (See pages 24-45 for the 2007 MAPs for each HCPCS/CPT code. The MAP represents the maximum amount that a provider can legally be paid for rendering services under the Workers' Compensation Act. In instances where the provider's usual charge is lower than the MAP amount, or where the provider has agreed by contract with an employer or insurance carrier to accept discounts or lower fees than the Commission's MAP, payment is made at the lower amount.

Internet Resources

South Carolina Workers' Compensation Commission
www.wcc.sc.gov

Medicare
www.cms.hhs.gov/home/medicare.asp
www.cms.hhs.gov/center/asc.asp
www.palmettogba.com

2007 ASC HCPCS Codes, Groups and Payment Rates

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
0176T	09	$1,874.60	12020	17	$127.74	15004	42	$452.59
0177T	09	$1,874.60	12021	17	$127.74	15005	42	$452.59
10121	02	$624.40	12034	17	$127.74	15040	17	$127.74
10180	02	$624.40	12035	17	$127.74	15050	42	$452.59
11010	37	$352.13	12036	17	$127.74	15100	02	$624.40
11011	37	$352.13	12037	42	$452.59	15101	03	$714.00
11012	37	$352.13	12044	17	$127.74	15110	02	$624.40
11042	28	$230.19	12045	17	$127.74	15111	01	$466.20
11043	28	$230.19	12046	17	$127.74	15115	02	$624.40
11044	52	$592.34	12047	42	$452.59	15116	01	$466.20
11404	01	$466.20	12054	17	$127.74	15120	02	$624.40
11406	02	$624.40	12055	17	$127.74	15121	03	$714.00
11424	02	$624.40	12056	17	$127.74	15130	02	$624.40
11426	02	$624.40	12057	42	$452.59	15131	01	$466.20
11444	01	$466.20	13100	42	$452.59	15135	02	$624.40
11446	02	$624.40	13101	42	$452.59	15136	01	$466.20
11450	02	$624.40	13102	17	$127.74	15150	02	$624.40
11451	02	$624.40	13120	17	$127.74	15151	01	$466.20
11462	02	$624.40	13121	17	$127.74	15152	01	$466.20
11463	02	$624.40	13122	17	$127.74	15155	02	$624.40
11470	02	$624.40	13131	17	$127.74	15156	01	$466.20
11471	02	$624.40	13132	17	$127.74	15157	01	$466.20
11604	51	$585.89	13133	17	$127.74	15200	03	$714.00
11606	02	$624.40	13150	42	$452.59	15201	42	$452.59
11624	02	$624.40	13151	42	$452.59	15220	02	$624.40
11626	02	$624.40	13152	42	$452.59	15221	42	$452.59
11644	02	$624.40	13153	17	$127.74	15240	03	$714.00
11646	02	$624.40	13160	02	$624.40	15241	42	$452.59
11770	03	$714.00	14000	02	$624.40	15260	02	$624.40
11771	03	$714.00	14001	03	$714.00	15261	42	$452.59
11772	03	$714.00	14020	03	$714.00	15300	42	$452.59
11960	02	$624.40	14021	03	$714.00	15301	42	$452.59
11970	03	$714.00	14040	02	$624.40	15320	42	$452.59
11971	01	$466.20	14041	03	$714.00	15321	42	$452.59
12005	17	$127.74	14060	03	$714.00	15330	42	$452.59
12006	17	$127.74	14061	03	$714.00	15331	42	$452.59
12007	17	$127.74	14300	04	$882.00	15335	42	$452.59
12016	17	$127.74	14350	03	$714.00	15336	42	$452.59
12017	17	$127.74	15002	42	$452.59	15400	42	$452.59
12018	17	$127.74	15003	42	$452.59	15401	42	$452.59

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
15420	42	$452.59	15876	03	$714.00	19303	04	$882.00
15421	42	$452.59	15877	03	$714.00	19304	04	$882.00
15430	42	$452.59	15878	03	$714.00	19316	04	$882.00
15431	42	$452.59	15879	03	$714.00	19318	04	$882.00
15570	03	$714.00	15920	37	$352.13	19324	04	$882.00
15572	03	$714.00	15922	04	$882.00	19325	09	$1,874.60
15574	03	$714.00	15931	03	$714.00	19328	01	$466.20
15576	03	$714.00	15933	03	$714.00	19330	01	$466.20
15600	03	$714.00	15934	03	$714.00	19340	02	$624.40
15610	03	$714.00	15935	04	$882.00	19342	03	$714.00
15620	04	$882.00	15936	04	$882.00	19350	04	$882.00
15630	03	$714.00	15937	04	$882.00	19355	04	$882.00
15650	05	$1,003.80	15940	03	$714.00	19357	05	$1,003.80
15731	03	$714.00	15941	03	$714.00	19366	05	$1,003.80
15732	03	$714.00	15944	03	$714.00	19370	04	$882.00
15734	03	$714.00	15945	04	$882.00	19371	04	$882.00
15736	03	$714.00	15946	04	$882.00	19380	05	$1,003.80
15738	03	$714.00	15950	03	$714.00	20005	02	$624.40
15740	02	$624.40	15951	04	$882.00	20200	02	$624.40
15750	02	$624.40	15952	03	$714.00	20205	03	$714.00
15760	02	$624.40	15953	04	$882.00	20206	34	$336.00
15770	03	$714.00	15956	03	$714.00	20220	37	$352.13
15775	42	$452.59	15958	04	$882.00	20225	51	$585.89
15776	42	$452.59	16025	13	$93.95	20240	02	$624.40
15820	03	$714.00	16030	18	$139.76	20245	03	$714.00
15821	03	$714.00	19020	02	$624.40	20250	03	$714.00
15822	03	$714.00	19100	34	$336.00	20251	03	$714.00
15823	05	$1,003.80	19101	02	$624.40	20525	03	$714.00
15824	03	$714.00	19102	34	$336.00	20650	03	$714.00
15825	03	$714.00	19103	48	$554.08	20670	01	$466.20
15826	03	$714.00	19110	02	$624.40	20680	03	$714.00
15828	03	$714.00	19112	03	$714.00	20690	02	$624.40
15829	05	$1,003.80	19120	03	$714.00	20692	03	$714.00
15830	03	$714.00	19125	03	$714.00	20693	03	$714.00
15832	03	$714.00	19126	03	$714.00	20694	01	$466.20
15833	03	$714.00	19290	01	$466.20	20900	03	$714.00
15834	03	$714.00	19291	01	$466.20	20902	04	$882.00
15835	42	$452.59	19295	20	$149.46	20910	03	$714.00
15836	03	$714.00	19296	09	$1,874.60	20912	03	$714.00
15839	03	$714.00	19297	09	$1,874.60	20920	04	$882.00
15840	04	$882.00	19298	09	$1,874.60	20922	03	$714.00
15841	04	$882.00	19300	04	$882.00	20924	04	$882.00
15845	04	$882.00	19301	03	$714.00	20926	04	$882.00
15847	03	$714.00	19302	07	$1,393.00	20975	10	$52.51

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
21010	02	$624.40	21315	27	$211.01	22305	19	$145.07
21015	03	$714.00	21320	02	$624.40	22310	19	$145.07
21025	02	$624.40	21325	04	$882.00	22315	19	$145.07
21026	02	$624.40	21330	05	$1,003.80	22505	02	$624.40
21029	02	$624.40	21335	07	$1,393.00	22520	09	$1,874.60
21034	03	$714.00	21336	04	$882.00	22521	09	$1,874.60
21040	02	$624.40	21337	02	$624.40	22522	09	$1,874.60
21044	02	$624.40	21338	04	$882.00	22900	04	$882.00
21046	02	$624.40	21339	05	$1,003.80	23000	02	$624.40
21047	02	$624.40	21340	04	$882.00	23020	02	$624.40
21050	03	$714.00	21345	07	$1,393.00	23030	01	$466.20
21060	02	$624.40	21355	03	$714.00	23031	03	$714.00
21070	03	$714.00	21356	03	$714.00	23035	03	$714.00
21100	02	$624.40	21400	02	$624.40	23040	03	$714.00
21120	07	$1,393.00	21401	03	$714.00	23044	04	$882.00
21121	07	$1,393.00	21421	04	$882.00	23066	02	$624.40
21122	07	$1,393.00	21445	04	$882.00	23075	02	$624.40
21123	07	$1,393.00	21450	27	$211.01	23076	02	$624.40
21125	07	$1,393.00	21451	53	$649.81	23077	03	$714.00
21127	09	$1,874.60	21452	02	$624.40	23100	02	$624.40
21181	07	$1,393.00	21453	03	$714.00	23101	07	$1,393.00
21206	05	$1,003.80	21454	05	$1,003.80	23105	04	$882.00
21208	07	$1,393.00	21461	04	$882.00	23106	04	$882.00
21209	05	$1,003.80	21462	05	$1,003.80	23107	04	$882.00
21210	07	$1,393.00	21465	04	$882.00	23120	05	$1,003.80
21215	07	$1,393.00	21480	27	$211.01	23125	05	$1,003.80
21230	07	$1,393.00	21485	02	$624.40	23130	05	$1,003.80
21235	07	$1,393.00	21490	03	$714.00	23140	04	$882.00
21240	04	$882.00	21497	02	$624.40	23145	05	$1,003.80
21242	05	$1,003.80	21501	02	$624.40	23146	05	$1,003.80
21243	05	$1,003.80	21502	02	$624.40	23150	04	$882.00
21244	07	$1,393.00	21555	02	$624.40	23155	05	$1,003.80
21245	07	$1,393.00	21556	02	$624.40	23156	05	$1,003.80
21246	07	$1,393.00	21600	02	$624.40	23170	02	$624.40
21248	07	$1,393.00	21610	02	$624.40	23172	02	$624.40
21249	07	$1,393.00	21700	02	$624.40	23174	02	$624.40
21267	07	$1,393.00	21720	03	$714.00	23180	04	$882.00
21270	05	$1,003.80	21725	16	$123.84	23182	04	$882.00
21275	07	$1,393.00	21800	19	$145.07	23184	04	$882.00
21280	05	$1,003.80	21805	02	$624.40	23190	04	$882.00
21282	05	$1,003.80	21820	19	$145.07	23195	05	$1,003.80
21295	01	$466.20	21925	02	$624.40	23330	01	$466.20
21296	01	$466.20	21930	02	$624.40	23331	01	$466.20
21310	27	$211.01	21935	03	$714.00	23395	05	$1,003.80

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
23397	07	$1,393.00	23675	19	$145.07	24342	03	$714.00
23400	07	$1,393.00	23680	03	$714.00	24345	02	$624.40
23405	02	$624.40	23700	01	$466.20	24350	03	$714.00
23406	02	$624.40	23800	04	$882.00	24351	03	$714.00
23410	05	$1,003.80	23802	07	$1,393.00	24352	03	$714.00
23412	07	$1,393.00	23921	42	$452.59	24354	03	$714.00
23415	05	$1,003.80	23930	01	$466.20	24356	03	$714.00
23420	07	$1,393.00	23931	02	$624.40	24360	05	$1,003.80
23430	04	$882.00	23935	02	$624.40	24361	05	$1,003.80
23440	04	$882.00	24000	04	$882.00	24362	05	$1,003.80
23450	05	$1,003.80	24006	04	$882.00	24363	07	$1,393.00
23455	07	$1,393.00	24066	02	$624.40	24365	05	$1,003.80
23460	05	$1,003.80	24075	02	$624.40	24366	05	$1,003.80
23462	07	$1,393.00	24076	02	$624.40	24400	04	$882.00
23465	05	$1,003.80	24077	03	$714.00	24410	04	$882.00
23466	07	$1,393.00	24100	01	$466.20	24420	03	$714.00
23480	04	$882.00	24101	04	$882.00	24430	03	$714.00
23485	07	$1,393.00	24102	04	$882.00	24435	04	$882.00
23490	03	$714.00	24105	03	$714.00	24470	03	$714.00
23491	03	$714.00	24110	02	$624.40	24495	02	$624.40
23500	19	$145.07	24115	03	$714.00	24498	03	$714.00
23505	19	$145.07	24116	03	$714.00	24500	19	$145.07
23515	03	$714.00	24120	03	$714.00	24505	19	$145.07
23520	19	$145.07	24125	03	$714.00	24515	04	$882.00
23525	19	$145.07	24126	03	$714.00	24516	04	$882.00
23530	03	$714.00	24130	03	$714.00	24530	19	$145.07
23532	04	$882.00	24134	02	$624.40	24535	19	$145.07
23540	19	$145.07	24136	02	$624.40	24538	02	$624.40
23545	19	$145.07	24138	02	$624.40	24545	04	$882.00
23550	03	$714.00	24140	03	$714.00	24546	05	$1,003.80
23552	04	$882.00	24145	03	$714.00	24560	19	$145.07
23570	19	$145.07	24147	02	$624.40	24565	19	$145.07
23575	19	$145.07	24155	03	$714.00	24566	02	$624.40
23585	03	$714.00	24160	02	$624.40	24575	03	$714.00
23605	19	$145.07	24164	03	$714.00	24576	19	$145.07
23615	04	$882.00	24201	02	$624.40	24577	19	$145.07
23616	04	$882.00	24301	04	$882.00	24579	03	$714.00
23625	19	$145.07	24305	04	$882.00	24582	02	$624.40
23630	05	$1,003.80	24310	03	$714.00	24586	04	$882.00
23650	19	$145.07	24320	03	$714.00	24587	05	$1,003.80
23655	01	$466.20	24330	03	$714.00	24600	19	$145.07
23660	03	$714.00	24331	03	$714.00	24605	02	$624.40
23665	19	$145.07	24340	03	$714.00	24615	03	$714.00
23670	03	$714.00	24341	03	$714.00	24620	19	$145.07

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
24635	03	$714.00	25210	03	$714.00	25441	05	$1,003.80
24655	19	$145.07	25215	04	$882.00	25442	05	$1,003.80
24665	04	$882.00	25230	04	$882.00	25443	05	$1,003.80
24666	04	$882.00	25240	04	$882.00	25444	05	$1,003.80
24670	19	$145.07	25248	02	$624.40	25445	05	$1,003.80
24675	19	$145.07	25250	01	$466.20	25446	07	$1,393.00
24685	03	$714.00	25251	01	$466.20	25447	05	$1,003.80
24800	04	$882.00	25260	04	$882.00	25449	05	$1,003.80
24802	05	$1,003.80	25263	02	$624.40	25450	03	$714.00
24925	03	$714.00	25265	03	$714.00	25455	03	$714.00
25000	03	$714.00	25270	04	$882.00	25490	03	$714.00
25020	03	$714.00	25272	03	$714.00	25491	03	$714.00
25023	03	$714.00	25274	04	$882.00	25492	03	$714.00
25024	03	$714.00	25275	04	$882.00	25505	19	$145.07
25025	03	$714.00	25280	04	$882.00	25515	03	$714.00
25028	01	$466.20	25290	03	$714.00	25520	19	$145.07
25031	02	$624.40	25295	03	$714.00	25525	04	$882.00
25035	02	$624.40	25300	03	$714.00	25526	05	$1,003.80
25040	05	$1,003.80	25301	03	$714.00	25535	19	$145.07
25066	02	$624.40	25310	03	$714.00	25545	03	$714.00
25075	02	$624.40	25312	04	$882.00	25565	19	$145.07
25076	03	$714.00	25315	03	$714.00	25574	03	$714.00
25077	03	$714.00	25316	03	$714.00	25575	03	$714.00
25085	03	$714.00	25320	03	$714.00	25605	19	$145.07
25100	02	$624.40	25332	05	$1,003.80	25606	03	$714.00
25101	03	$714.00	25335	03	$714.00	25607	05	$1,003.80
25105	04	$882.00	25337	05	$1,003.80	25608	05	$1,003.80
25107	03	$714.00	25350	03	$714.00	25609	05	$1,003.80
25110	03	$714.00	25355	03	$714.00	25624	19	$145.07
25111	03	$714.00	25360	03	$714.00	25628	03	$714.00
25112	04	$882.00	25365	03	$714.00	25635	19	$145.07
25115	04	$882.00	25370	03	$714.00	25645	03	$714.00
25116	04	$882.00	25375	04	$882.00	25660	19	$145.07
25118	02	$624.40	25390	03	$714.00	25670	03	$714.00
25119	03	$714.00	25391	04	$882.00	25671	01	$466.20
25120	03	$714.00	25392	03	$714.00	25675	19	$145.07
25125	03	$714.00	25393	04	$882.00	25676	02	$624.40
25126	03	$714.00	25400	03	$714.00	25680	19	$145.07
25130	03	$714.00	25405	04	$882.00	25685	03	$714.00
25135	03	$714.00	25415	03	$714.00	25690	19	$145.07
25136	03	$714.00	25420	04	$882.00	25695	02	$624.40
25145	02	$624.40	25425	03	$714.00	25800	04	$882.00
25150	02	$624.40	25426	04	$882.00	25805	05	$1,003.80
25151	02	$624.40	25440	04	$882.00	25810	05	$1,003.80

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
25820	04	$882.00	26260	03	$714.00	26492	03	$714.00
25825	05	$1,003.80	26261	03	$714.00	26494	03	$714.00
25830	05	$1,003.80	26262	02	$624.40	26496	03	$714.00
25907	03	$714.00	26320	02	$624.40	26497	03	$714.00
25922	03	$714.00	26350	01	$466.20	26498	04	$882.00
25929	03	$714.00	26352	04	$882.00	26499	03	$714.00
26011	01	$466.20	26356	04	$882.00	26500	04	$882.00
26020	02	$624.40	26357	04	$882.00	26502	04	$882.00
26025	01	$466.20	26358	04	$882.00	26508	03	$714.00
26030	02	$624.40	26370	04	$882.00	26510	03	$714.00
26034	02	$624.40	26372	04	$882.00	26516	01	$466.20
26040	04	$882.00	26373	03	$714.00	26517	03	$714.00
26045	03	$714.00	26390	04	$882.00	26518	03	$714.00
26055	02	$624.40	26392	03	$714.00	26520	03	$714.00
26060	02	$624.40	26410	03	$714.00	26525	03	$714.00
26070	02	$624.40	26412	03	$714.00	26530	03	$714.00
26075	04	$882.00	26415	04	$882.00	26531	07	$1,393.00
26080	04	$882.00	26416	03	$714.00	26535	05	$1,003.80
26100	02	$624.40	26418	04	$882.00	26536	05	$1,003.80
26105	01	$466.20	26420	04	$882.00	26540	04	$882.00
26110	01	$466.20	26426	03	$714.00	26541	07	$1,393.00
26115	02	$624.40	26428	03	$714.00	26542	04	$882.00
26116	02	$624.40	26432	03	$714.00	26545	04	$882.00
26117	03	$714.00	26433	03	$714.00	26546	04	$882.00
26121	04	$882.00	26434	03	$714.00	26548	04	$882.00
26123	04	$882.00	26437	03	$714.00	26550	02	$624.40
26125	04	$882.00	26440	03	$714.00	26555	03	$714.00
26130	03	$714.00	26442	03	$714.00	26560	02	$624.40
26135	04	$882.00	26445	03	$714.00	26561	03	$714.00
26140	02	$624.40	26449	03	$714.00	26562	04	$882.00
26145	03	$714.00	26450	03	$714.00	26565	05	$1,003.80
26160	03	$714.00	26455	03	$714.00	26567	05	$1,003.80
26170	03	$714.00	26460	03	$714.00	26568	03	$714.00
26180	03	$714.00	26471	02	$624.40	26580	05	$1,003.80
26185	04	$882.00	26474	02	$624.40	26587	05	$1,003.80
26200	02	$624.40	26476	01	$466.20	26590	05	$1,003.80
26205	03	$714.00	26477	01	$466.20	26591	03	$714.00
26210	02	$624.40	26478	01	$466.20	26593	03	$714.00
26215	03	$714.00	26479	01	$466.20	26596	02	$624.40
26230	54	$1,390.13	26480	03	$714.00	26605	19	$145.07
26235	03	$714.00	26483	03	$714.00	26607	19	$145.07
26236	03	$714.00	26485	02	$624.40	26608	04	$882.00
26250	03	$714.00	26489	03	$714.00	26615	04	$882.00
26255	03	$714.00	26490	03	$714.00	26645	19	$145.07

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
26650	02	$624.40	27052	03	$714.00	27335	04	$882.00
26665	04	$882.00	27060	05	$1,003.80	27340	03	$714.00
26675	19	$145.07	27062	05	$1,003.80	27345	04	$882.00
26676	02	$624.40	27065	05	$1,003.80	27347	04	$882.00
26685	03	$714.00	27066	05	$1,003.80	27350	04	$882.00
26686	03	$714.00	27067	05	$1,003.80	27355	03	$714.00
26705	19	$145.07	27080	02	$624.40	27356	04	$882.00
26706	19	$145.07	27086	01	$466.20	27357	05	$1,003.80
26715	04	$882.00	27087	03	$714.00	27358	05	$1,003.80
26727	07	$1,393.00	27097	03	$714.00	27360	05	$1,003.80
26735	04	$882.00	27098	03	$714.00	27372	07	$1,393.00
26742	19	$145.07	27100	04	$882.00	27380	01	$466.20
26746	05	$1,003.80	27105	04	$882.00	27381	03	$714.00
26756	02	$624.40	27110	04	$882.00	27385	03	$714.00
26765	04	$882.00	27111	04	$882.00	27386	03	$714.00
26776	02	$624.40	27193	19	$145.07	27390	01	$466.20
26785	02	$624.40	27194	02	$624.40	27391	02	$624.40
26820	05	$1,003.80	27202	02	$624.40	27392	03	$714.00
26841	04	$882.00	27230	19	$145.07	27393	02	$624.40
26842	04	$882.00	27238	19	$145.07	27394	03	$714.00
26843	03	$714.00	27246	19	$145.07	27395	03	$714.00
26844	03	$714.00	27250	19	$145.07	27396	03	$714.00
26850	04	$882.00	27252	02	$624.40	27397	03	$714.00
26852	04	$882.00	27257	03	$714.00	27400	03	$714.00
26860	03	$714.00	27265	19	$145.07	27403	04	$882.00
26861	02	$624.40	27266	02	$624.40	27405	04	$882.00
26862	04	$882.00	27275	02	$624.40	27407	04	$882.00
26863	03	$714.00	27301	03	$714.00	27409	04	$882.00
26910	03	$714.00	27305	02	$624.40	27418	03	$714.00
26951	02	$624.40	27306	03	$714.00	27420	03	$714.00
26952	04	$882.00	27307	03	$714.00	27422	07	$1,393.00
26990	01	$466.20	27310	04	$882.00	27424	03	$714.00
26991	01	$466.20	27323	01	$466.20	27425	07	$1,393.00
27000	02	$624.40	27324	01	$466.20	27427	03	$714.00
27001	03	$714.00	27325	02	$624.40	27428	04	$882.00
27003	03	$714.00	27326	02	$624.40	27429	04	$882.00
27033	03	$714.00	27327	02	$624.40	27430	04	$882.00
27035	04	$882.00	27328	03	$714.00	27435	04	$882.00
27040	01	$466.20	27329	04	$882.00	27437	04	$882.00
27041	51	$585.89	27330	04	$882.00	27438	05	$1,003.80
27047	02	$624.40	27331	04	$882.00	27441	05	$1,003.80
27048	03	$714.00	27332	04	$882.00	27442	05	$1,003.80
27049	03	$714.00	27333	04	$882.00	27443	05	$1,003.80
27050	03	$714.00	27334	04	$882.00	27496	05	$1,003.80

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
27497	03	$714.00	27640	02	$624.40	27781	19	$145.07
27498	03	$714.00	27641	02	$624.40	27784	03	$714.00
27499	03	$714.00	27647	03	$714.00	27786	19	$145.07
27500	19	$145.07	27650	03	$714.00	27788	19	$145.07
27501	19	$145.07	27652	03	$714.00	27792	03	$714.00
27502	19	$145.07	27654	03	$714.00	27808	19	$145.07
27503	19	$145.07	27656	02	$624.40	27810	19	$145.07
27508	19	$145.07	27658	01	$466.20	27814	03	$714.00
27509	03	$714.00	27659	02	$624.40	27816	19	$145.07
27510	19	$145.07	27664	02	$624.40	27818	19	$145.07
27516	19	$145.07	27665	02	$624.40	27822	03	$714.00
27517	19	$145.07	27675	02	$624.40	27823	03	$714.00
27520	19	$145.07	27676	03	$714.00	27824	19	$145.07
27530	19	$145.07	27680	03	$714.00	27825	19	$145.07
27532	19	$145.07	27681	02	$624.40	27826	03	$714.00
27538	19	$145.07	27685	03	$714.00	27827	03	$714.00
27550	19	$145.07	27686	03	$714.00	27828	04	$882.00
27552	01	$466.20	27687	03	$714.00	27829	02	$624.40
27560	19	$145.07	27690	04	$882.00	27830	19	$145.07
27562	01	$466.20	27691	04	$882.00	27831	19	$145.07
27566	02	$624.40	27692	03	$714.00	27832	02	$624.40
27570	01	$466.20	27695	02	$624.40	27840	19	$145.07
27594	03	$714.00	27696	02	$624.40	27842	01	$466.20
27600	03	$714.00	27698	02	$624.40	27846	03	$714.00
27601	03	$714.00	27700	05	$1,003.80	27848	03	$714.00
27602	03	$714.00	27704	02	$624.40	27860	01	$466.20
27603	02	$624.40	27705	02	$624.40	27870	04	$882.00
27604	02	$624.40	27707	02	$624.40	27871	04	$882.00
27605	01	$466.20	27709	02	$624.40	27884	03	$714.00
27606	01	$466.20	27730	02	$624.40	27889	03	$714.00
27607	02	$624.40	27732	02	$624.40	27892	03	$714.00
27610	02	$624.40	27734	02	$624.40	27893	03	$714.00
27612	03	$714.00	27740	02	$624.40	27894	03	$714.00
27614	02	$624.40	27742	02	$624.40	28002	03	$714.00
27615	03	$714.00	27745	03	$714.00	28003	03	$714.00
27618	02	$624.40	27750	19	$145.07	28005	03	$714.00
27619	03	$714.00	27752	19	$145.07	28008	03	$714.00
27620	04	$882.00	27756	03	$714.00	28011	03	$714.00
27625	04	$882.00	27758	04	$882.00	28020	02	$624.40
27626	04	$882.00	27759	04	$882.00	28022	02	$624.40
27630	03	$714.00	27760	19	$145.07	28024	02	$624.40
27635	03	$714.00	27762	19	$145.07	28035	04	$882.00
27637	03	$714.00	27766	03	$714.00	28043	02	$624.40
27638	03	$714.00	27780	19	$145.07	28045	03	$714.00

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
28046	03	$714.00	28208	03	$714.00	28345	04	$882.00
28050	02	$624.40	28210	03	$714.00	28400	19	$145.07
28052	02	$624.40	28222	01	$466.20	28405	19	$145.07
28054	02	$624.40	28225	01	$466.20	28406	02	$624.40
28055	04	$882.00	28226	01	$466.20	28415	03	$714.00
28060	02	$624.40	28234	02	$624.40	28420	04	$882.00
28062	03	$714.00	28238	03	$714.00	28435	19	$145.07
28070	03	$714.00	28240	02	$624.40	28436	02	$624.40
28072	03	$714.00	28250	03	$714.00	28445	03	$714.00
28080	03	$714.00	28260	03	$714.00	28456	02	$624.40
28086	02	$624.40	28261	03	$714.00	28465	03	$714.00
28088	02	$624.40	28262	04	$882.00	28476	02	$624.40
28090	03	$714.00	28264	01	$466.20	28485	04	$882.00
28092	03	$714.00	28270	03	$714.00	28496	02	$624.40
28100	02	$624.40	28280	02	$624.40	28505	03	$714.00
28102	03	$714.00	28285	03	$714.00	28525	03	$714.00
28103	03	$714.00	28286	04	$882.00	28531	03	$714.00
28104	02	$624.40	28288	03	$714.00	28545	01	$466.20
28106	03	$714.00	28289	03	$714.00	28546	02	$624.40
28107	03	$714.00	28290	02	$624.40	28555	02	$624.40
28108	02	$624.40	28292	02	$624.40	28575	19	$145.07
28110	03	$714.00	28293	03	$714.00	28576	03	$714.00
28111	03	$714.00	28294	03	$714.00	28585	03	$714.00
28112	03	$714.00	28296	03	$714.00	28605	19	$145.07
28113	03	$714.00	28297	03	$714.00	28606	02	$624.40
28114	03	$714.00	28298	03	$714.00	28615	03	$714.00
28116	03	$714.00	28299	05	$1,003.80	28635	01	$466.20
28118	04	$882.00	28300	02	$624.40	28636	03	$714.00
28119	04	$882.00	28302	02	$624.40	28645	03	$714.00
28120	07	$1,393.00	28304	02	$624.40	28665	01	$466.20
28122	03	$714.00	28305	03	$714.00	28666	03	$714.00
28126	03	$714.00	28306	04	$882.00	28675	03	$714.00
28130	03	$714.00	28307	04	$882.00	28705	04	$882.00
28140	03	$714.00	28308	02	$624.40	28715	04	$882.00
28150	03	$714.00	28309	04	$882.00	28725	04	$882.00
28153	03	$714.00	28310	03	$714.00	28730	04	$882.00
28160	03	$714.00	28312	03	$714.00	28735	04	$882.00
28171	03	$714.00	28313	02	$624.40	28737	05	$1,003.80
28173	03	$714.00	28315	04	$882.00	28740	04	$882.00
28175	03	$714.00	28320	04	$882.00	28750	04	$882.00
28192	02	$624.40	28322	04	$882.00	28755	04	$882.00
28193	51	$585.89	28340	04	$882.00	28760	04	$882.00
28200	03	$714.00	28341	04	$882.00	28810	02	$624.40
28202	03	$714.00	28344	04	$882.00	28820	02	$624.40

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
28825	02	$624.40	29880	04	$882.00	30545	05	$1,003.80
29800	03	$714.00	29881	04	$882.00	30560	27	$211.01
29804	03	$714.00	29882	03	$714.00	30580	04	$882.00
29805	03	$714.00	29883	03	$714.00	30600	04	$882.00
29806	03	$714.00	29884	03	$714.00	30620	07	$1,393.00
29807	03	$714.00	29885	03	$714.00	30630	07	$1,393.00
29819	03	$714.00	29886	03	$714.00	30801	01	$466.20
29820	03	$714.00	29887	03	$714.00	30802	01	$466.20
29821	03	$714.00	29888	03	$714.00	30903	14	$101.47
29822	03	$714.00	29889	03	$714.00	30905	14	$101.47
29823	03	$714.00	29891	03	$714.00	30906	14	$101.47
29824	05	$1,003.80	29892	03	$714.00	30915	02	$624.40
29825	03	$714.00	29893	55	$1,757.78	30920	03	$714.00
29826	03	$714.00	29894	03	$714.00	30930	04	$882.00
29827	05	$1,003.80	29895	03	$714.00	31020	02	$624.40
29830	03	$714.00	29897	03	$714.00	31030	03	$714.00
29834	03	$714.00	29898	03	$714.00	31032	04	$882.00
29835	03	$714.00	29899	03	$714.00	31050	02	$624.40
29836	03	$714.00	29900	03	$714.00	31051	04	$882.00
29837	03	$714.00	29901	03	$714.00	31070	02	$624.40
29838	03	$714.00	29902	03	$714.00	31075	04	$882.00
29840	03	$714.00	30115	02	$624.40	31080	04	$882.00
29843	03	$714.00	30117	03	$714.00	31081	04	$882.00
29844	03	$714.00	30118	03	$714.00	31084	04	$882.00
29845	03	$714.00	30120	01	$466.20	31085	04	$882.00
29846	03	$714.00	30125	02	$624.40	31086	04	$882.00
29847	03	$714.00	30130	03	$714.00	31087	04	$882.00
29848	09	$1,874.60	30140	02	$624.40	31090	05	$1,003.80
29850	04	$882.00	30150	03	$714.00	31200	02	$624.40
29851	04	$882.00	30160	04	$882.00	31201	05	$1,003.80
29855	04	$882.00	30220	53	$649.81	31205	03	$714.00
29856	04	$882.00	30310	01	$466.20	31233	15	$120.95
29860	04	$882.00	30320	02	$624.40	31235	01	$466.20
29861	04	$882.00	30400	04	$882.00	31237	02	$624.40
29862	09	$1,874.60	30410	05	$1,003.80	31238	01	$466.20
29863	04	$882.00	30420	05	$1,003.80	31239	04	$882.00
29870	03	$714.00	30430	03	$714.00	31240	02	$624.40
29871	03	$714.00	30435	05	$1,003.80	31254	03	$714.00
29873	03	$714.00	30450	07	$1,393.00	31255	05	$1,003.80
29874	03	$714.00	30460	07	$1,393.00	31256	03	$714.00
29875	04	$882.00	30462	09	$1,874.60	31267	03	$714.00
29876	04	$882.00	30465	09	$1,874.60	31276	03	$714.00
29877	04	$882.00	30520	04	$882.00	31287	03	$714.00
29879	03	$714.00	30540	05	$1,003.80	31288	03	$714.00

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
31300	05	$1,003.80	31625	02	$624.40	36479	09	$1,874.60
31320	02	$624.40	31628	02	$624.40	36555	01	$466.20
31400	02	$624.40	31629	02	$624.40	36556	01	$466.20
31420	02	$624.40	31630	02	$624.40	36557	02	$624.40
31510	02	$624.40	31631	02	$624.40	36558	02	$624.40
31511	15	$120.95	31635	02	$624.40	36560	03	$714.00
31512	02	$624.40	31636	02	$624.40	36561	03	$714.00
31513	15	$120.95	31637	01	$466.20	36563	03	$714.00
31515	01	$466.20	31638	02	$624.40	36565	03	$714.00
31525	01	$466.20	31640	02	$624.40	36566	03	$714.00
31526	02	$624.40	31641	02	$624.40	36568	01	$466.20
31527	01	$466.20	31643	02	$624.40	36569	01	$466.20
31528	02	$624.40	31645	01	$466.20	36570	03	$714.00
31529	02	$624.40	31646	01	$466.20	36571	03	$714.00
31530	02	$624.40	31656	01	$466.20	36575	02	$624.40
31531	03	$714.00	31717	33	$330.99	36576	02	$624.40
31535	02	$624.40	31720	11	$66.25	36578	02	$624.40
31536	03	$714.00	31730	33	$330.99	36580	01	$466.20
31540	03	$714.00	31750	05	$1,003.80	36581	02	$624.40
31541	04	$882.00	31755	02	$624.40	36582	03	$714.00
31545	04	$882.00	31820	01	$466.20	36583	03	$714.00
31546	04	$882.00	31825	02	$624.40	36584	01	$466.20
31560	05	$1,003.80	31830	02	$624.40	36585	03	$714.00
31561	05	$1,003.80	32000	32	$311.89	36589	01	$466.20
31570	02	$624.40	32400	01	$466.20	36590	01	$466.20
31571	02	$624.40	32405	01	$466.20	36640	01	$466.20
31576	02	$624.40	32420	32	$311.89	36800	03	$714.00
31577	33	$330.99	33010	32	$311.89	36810	03	$714.00
31578	02	$624.40	33011	32	$311.89	36815	03	$714.00
31580	05	$1,003.80	33212	03	$714.00	36818	03	$714.00
31582	05	$1,003.80	33213	03	$714.00	36819	03	$714.00
31588	05	$1,003.80	33222	02	$624.40	36820	03	$714.00
31590	05	$1,003.80	33223	02	$624.40	36821	03	$714.00
31595	02	$624.40	33233	02	$624.40	36825	04	$882.00
31603	01	$466.20	35188	04	$882.00	36830	04	$882.00
31611	03	$714.00	35207	04	$882.00	36831	09	$1,874.60
31612	01	$466.20	35875	09	$1,874.60	36832	04	$882.00
31613	02	$624.40	35876	09	$1,874.60	36833	04	$882.00
31614	02	$624.40	36260	03	$714.00	36834	03	$714.00
31615	01	$466.20	36261	02	$624.40	36835	04	$882.00
31620	01	$466.20	36262	01	$466.20	36860	22	$178.36
31622	01	$466.20	36475	09	$1,874.60	36861	03	$714.00
31623	02	$624.40	36476	09	$1,874.60	36870	09	$1,874.60
31624	02	$624.40	36478	09	$1,874.60	37500	03	$714.00

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
37607	03	$714.00	40816	02	$624.40	42226	05	$1,003.80
37609	02	$624.40	40818	27	$211.01	42235	05	$1,003.80
37650	02	$624.40	40819	01	$466.20	42260	04	$882.00
37700	02	$624.40	40831	01	$466.20	42300	01	$466.20
37718	03	$714.00	40840	02	$624.40	42305	02	$624.40
37722	03	$714.00	40842	03	$714.00	42310	27	$211.01
37735	03	$714.00	40843	03	$714.00	42320	27	$211.01
37760	03	$714.00	40844	05	$1,003.80	42340	02	$624.40
37780	03	$714.00	40845	05	$1,003.80	42405	02	$624.40
37785	03	$714.00	41005	27	$211.01	42408	03	$714.00
37790	03	$714.00	41006	01	$466.20	42409	03	$714.00
38300	01	$466.20	41007	01	$466.20	42410	03	$714.00
38305	02	$624.40	41008	01	$466.20	42415	07	$1,393.00
38308	02	$624.40	41009	27	$211.01	42420	07	$1,393.00
38500	02	$624.40	41010	01	$466.20	42425	07	$1,393.00
38505	34	$336.00	41015	27	$211.01	42440	03	$714.00
38510	02	$624.40	41016	01	$466.20	42450	02	$624.40
38520	02	$624.40	41017	01	$466.20	42500	03	$714.00
38525	02	$624.40	41018	01	$466.20	42505	04	$882.00
38530	02	$624.40	41112	02	$624.40	42507	03	$714.00
38542	02	$624.40	41113	02	$624.40	42508	04	$882.00
38550	03	$714.00	41114	02	$624.40	42509	04	$882.00
38555	04	$882.00	41116	01	$466.20	42510	04	$882.00
38570	09	$1,874.60	41120	05	$1,003.80	42600	01	$466.20
38571	09	$1,874.60	41250	27	$211.01	42665	07	$1,393.00
38572	09	$1,874.60	41251	27	$211.01	42700	27	$211.01
38740	02	$624.40	41252	02	$624.40	42720	01	$466.20
38745	04	$882.00	41500	01	$466.20	42725	02	$624.40
38760	02	$624.40	41510	01	$466.20	42802	01	$466.20
40500	02	$624.40	41520	02	$624.40	42804	01	$466.20
40510	02	$624.40	41800	16	$123.84	42806	02	$624.40
40520	02	$624.40	41827	02	$624.40	42808	02	$624.40
40525	02	$624.40	42000	27	$211.01	42810	03	$714.00
40527	02	$624.40	42107	02	$624.40	42815	05	$1,003.80
40530	02	$624.40	42120	04	$882.00	42820	03	$714.00
40650	53	$649.81	42140	02	$624.40	42821	05	$1,003.80
40652	53	$649.81	42145	05	$1,003.80	42825	04	$882.00
40654	53	$649.81	42180	27	$211.01	42826	04	$882.00
40700	07	$1,393.00	42182	02	$624.40	42830	04	$882.00
40701	07	$1,393.00	42200	05	$1,003.80	42831	04	$882.00
40720	07	$1,393.00	42205	05	$1,003.80	42835	04	$882.00
40761	03	$714.00	42210	05	$1,003.80	42836	04	$882.00
40801	02	$624.40	42215	07	$1,393.00	42860	03	$714.00
40814	02	$624.40	42220	05	$1,003.80	42870	03	$714.00

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42890	07	$1,393.00	43258	03	$714.00	44386	01	$466.20
42892	07	$1,393.00	43259	03	$714.00	44388	01	$466.20
42900	01	$466.20	43260	02	$624.40	44389	01	$466.20
42950	02	$624.40	43261	02	$624.40	44390	01	$466.20
42955	02	$624.40	43262	02	$624.40	44391	01	$466.20
42960	14	$101.47	43263	02	$624.40	44392	01	$466.20
42962	02	$624.40	43264	02	$624.40	44393	01	$466.20
42972	03	$714.00	43265	02	$624.40	44394	01	$466.20
43200	01	$466.20	43267	02	$624.40	44397	01	$466.20
43201	01	$466.20	43268	02	$624.40	45000	40	$436.90
43202	01	$466.20	43269	02	$624.40	45005	02	$624.40
43204	01	$466.20	43271	02	$624.40	45020	02	$624.40
43205	01	$466.20	43272	02	$624.40	45100	01	$466.20
43215	01	$466.20	43450	01	$466.20	45108	02	$624.40
43216	01	$466.20	43453	01	$466.20	45150	02	$624.40
43217	01	$466.20	43456	43	$469.57	45160	02	$624.40
43219	01	$466.20	43458	43	$469.57	45170	02	$624.40
43220	01	$466.20	43600	01	$466.20	45190	09	$1,874.60
43226	01	$466.20	43653	09	$1,874.60	45305	01	$466.20
43227	02	$624.40	43750	02	$624.40	45307	01	$466.20
43228	02	$624.40	43760	26	$202.97	45308	01	$466.20
43231	02	$624.40	43761	01	$466.20	45309	01	$466.20
43232	02	$624.40	43870	01	$466.20	45315	01	$466.20
43234	01	$466.20	44100	01	$466.20	45317	01	$466.20
43235	01	$466.20	44312	01	$466.20	45320	01	$466.20
43236	02	$624.40	44340	03	$714.00	45321	01	$466.20
43237	02	$624.40	44360	02	$624.40	45327	01	$466.20
43238	02	$624.40	44361	02	$624.40	45331	38	$418.94
43239	02	$624.40	44363	02	$624.40	45332	38	$418.94
43240	02	$624.40	44364	02	$624.40	45333	01	$466.20
43241	02	$624.40	44365	02	$624.40	45334	01	$466.20
43242	02	$624.40	44366	02	$624.40	45335	38	$418.94
43243	02	$624.40	44369	02	$624.40	45337	38	$418.94
43244	02	$624.40	44370	09	$1,874.60	45338	01	$466.20
43245	02	$624.40	44372	02	$624.40	45339	01	$466.20
43246	02	$624.40	44373	02	$624.40	45340	01	$466.20
43247	02	$624.40	44376	02	$624.40	45341	01	$466.20
43248	02	$624.40	44377	02	$624.40	45342	01	$466.20
43249	02	$624.40	44378	02	$624.40	45345	01	$466.20
43250	02	$624.40	44379	09	$1,874.60	45355	01	$466.20
43251	02	$624.40	44380	01	$466.20	45378	02	$624.40
43255	02	$624.40	44382	01	$466.20	45379	02	$624.40
43256	03	$714.00	44383	09	$1,874.60	45380	02	$624.40
43257	03	$714.00	44385	01	$466.20	45381	02	$624.40

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45382	02	$624.40	46615	02	$624.40	49496	04	$882.00
45383	02	$624.40	46700	03	$714.00	49500	04	$882.00
45384	02	$624.40	46706	01	$466.20	49501	09	$1,874.60
45385	02	$624.40	46750	03	$714.00	49505	04	$882.00
45386	02	$624.40	46753	03	$714.00	49507	09	$1,874.60
45387	01	$466.20	46754	02	$624.40	49520	07	$1,393.00
45391	02	$624.40	46760	02	$624.40	49521	09	$1,874.60
45392	02	$624.40	46761	03	$714.00	49525	04	$882.00
45500	02	$624.40	46762	07	$1,393.00	49540	02	$624.40
45505	02	$624.40	46917	01	$466.20	49550	05	$1,003.80
45560	02	$624.40	46922	01	$466.20	49553	09	$1,874.60
45900	40	$436.90	46924	01	$466.20	49555	05	$1,003.80
45905	01	$466.20	46937	02	$624.40	49557	09	$1,874.60
45910	01	$466.20	46938	02	$624.40	49560	04	$882.00
45915	40	$436.90	46946	01	$466.20	49561	09	$1,874.60
45990	40	$436.90	46947	07	$1,393.00	49565	04	$882.00
46020	03	$714.00	47000	01	$466.20	49566	09	$1,874.60
46030	40	$436.90	47510	02	$624.40	49568	07	$1,393.00
46040	03	$714.00	47511	56	$1,744.19	49570	04	$882.00
46045	02	$624.40	47525	01	$466.20	49572	09	$1,874.60
46050	40	$436.90	47530	01	$466.20	49580	04	$882.00
46060	02	$624.40	47552	02	$624.40	49582	09	$1,874.60
46080	03	$714.00	47553	03	$714.00	49585	04	$882.00
46200	02	$624.40	47554	03	$714.00	49587	09	$1,874.60
46210	02	$624.40	47555	03	$714.00	49590	03	$714.00
46211	02	$624.40	47556	56	$1,744.19	49600	04	$882.00
46220	01	$466.20	47560	03	$714.00	49650	04	$882.00
46230	01	$466.20	47561	03	$714.00	49651	07	$1,393.00
46250	03	$714.00	47630	03	$714.00	50200	01	$466.20
46255	03	$714.00	48102	01	$466.20	50390	01	$466.20
46257	03	$714.00	49080	32	$311.89	50392	01	$466.20
46258	03	$714.00	49081	32	$311.89	50393	01	$466.20
46260	03	$714.00	49180	01	$466.20	50395	01	$466.20
46261	04	$882.00	49250	04	$882.00	50396	23	$184.10
46262	04	$882.00	49320	03	$714.00	50398	01	$466.20
46270	03	$714.00	49321	04	$882.00	50551	01	$466.20
46275	03	$714.00	49322	04	$882.00	50553	01	$466.20
46280	04	$882.00	49402	02	$624.40	50555	01	$466.20
46285	01	$466.20	49419	01	$466.20	50557	01	$466.20
46288	04	$882.00	49420	01	$466.20	50561	01	$466.20
46608	01	$466.20	49421	01	$466.20	50688	01	$466.20
46610	01	$466.20	49422	01	$466.20	50947	09	$1,874.60
46611	01	$466.20	49426	02	$624.40	50948	09	$1,874.60
46612	01	$466.20	49495	04	$882.00	50951	01	$466.20

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50953	01	$466.20	52282	09	$1,874.60	53010	01	$466.20
50955	01	$466.20	52283	02	$624.40	53020	01	$466.20
50957	01	$466.20	52285	02	$624.40	53040	02	$624.40
50961	01	$466.20	52290	02	$624.40	53080	03	$714.00
50970	01	$466.20	52300	02	$624.40	53200	01	$466.20
50972	01	$466.20	52301	03	$714.00	53210	05	$1,003.80
50974	01	$466.20	52305	02	$624.40	53215	05	$1,003.80
50976	01	$466.20	52310	49	$558.94	53220	02	$624.40
50980	01	$466.20	52315	02	$624.40	53230	02	$624.40
51010	01	$466.20	52317	01	$466.20	53235	03	$714.00
51020	04	$882.00	52318	02	$624.40	53240	02	$624.40
51030	04	$882.00	52320	05	$1,003.80	53250	02	$624.40
51040	04	$882.00	52325	04	$882.00	53260	02	$624.40
51045	49	$558.94	52327	02	$624.40	53265	02	$624.40
51050	04	$882.00	52330	02	$624.40	53270	02	$624.40
51065	04	$882.00	52332	02	$624.40	53275	02	$624.40
51080	01	$466.20	52334	03	$714.00	53400	03	$714.00
51500	04	$882.00	52341	03	$714.00	53405	02	$624.40
51520	04	$882.00	52342	03	$714.00	53410	02	$624.40
51710	01	$466.20	52343	03	$714.00	53420	03	$714.00
51715	03	$714.00	52344	03	$714.00	53425	02	$624.40
51726	31	$293.27	52345	03	$714.00	53430	02	$624.40
51772	23	$184.10	52346	03	$714.00	53431	02	$624.40
51785	12	$93.69	52351	03	$714.00	53440	02	$624.40
51880	01	$466.20	52352	04	$882.00	53442	01	$466.20
51992	05	$1,003.80	52353	04	$882.00	53444	02	$624.40
52000	01	$466.20	52354	04	$882.00	53445	01	$466.20
52001	49	$558.94	52355	04	$882.00	53446	01	$466.20
52005	02	$624.40	52400	03	$714.00	53447	01	$466.20
52007	02	$624.40	52402	03	$714.00	53449	01	$466.20
52010	49	$558.94	52450	03	$714.00	53450	01	$466.20
52204	02	$624.40	52500	03	$714.00	53460	01	$466.20
52214	02	$624.40	52510	03	$714.00	53502	02	$624.40
52224	02	$624.40	52601	04	$882.00	53505	02	$624.40
52234	02	$624.40	52606	01	$466.20	53510	02	$624.40
52235	03	$714.00	52612	02	$624.40	53515	02	$624.40
52240	03	$714.00	52614	01	$466.20	53520	02	$624.40
52250	04	$882.00	52620	01	$466.20	53605	02	$624.40
52260	02	$624.40	52630	02	$624.40	53665	01	$466.20
52270	02	$624.40	52640	02	$624.40	54000	02	$624.40
52275	02	$624.40	52647	09	$1,874.60	54001	02	$624.40
52276	03	$714.00	52648	09	$1,874.60	54015	04	$882.00
52277	02	$624.40	52700	02	$624.40	54057	01	$466.20
52281	02	$624.40	53000	01	$466.20	54060	01	$466.20

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
54065	01	$466.20	54450	31	$293.27	55705	44	$484.16
54100	01	$466.20	54500	01	$466.20	55720	01	$466.20
54105	01	$466.20	54505	01	$466.20	55725	02	$624.40
54110	02	$624.40	54512	02	$624.40	55873	09	$1,874.60
54111	02	$624.40	54520	03	$714.00	55875	09	$1,874.60
54112	02	$624.40	54522	03	$714.00	56440	02	$624.40
54115	01	$466.20	54530	04	$882.00	56441	01	$466.20
54120	02	$624.40	54550	04	$882.00	56442	01	$466.20
54150	01	$466.20	54600	04	$882.00	56515	03	$714.00
54160	02	$624.40	54620	03	$714.00	56620	05	$1,003.80
54161	02	$624.40	54640	04	$882.00	56625	07	$1,393.00
54162	02	$624.40	54660	02	$624.40	56700	01	$466.20
54163	02	$624.40	54670	03	$714.00	56740	03	$714.00
54164	02	$624.40	54680	03	$714.00	56800	03	$714.00
54205	04	$882.00	54690	09	$1,874.60	56810	05	$1,003.80
54220	23	$184.10	54700	02	$624.40	57000	01	$466.20
54300	03	$714.00	54800	21	$178.02	57010	02	$624.40
54304	03	$714.00	54830	03	$714.00	57020	50	$573.06
54308	03	$714.00	54840	04	$882.00	57023	01	$466.20
54312	03	$714.00	54860	03	$714.00	57065	01	$466.20
54316	03	$714.00	54861	04	$882.00	57105	02	$624.40
54318	03	$714.00	54865	01	$466.20	57130	02	$624.40
54322	03	$714.00	54900	04	$882.00	57135	02	$624.40
54324	03	$714.00	54901	04	$882.00	57155	50	$573.06
54326	03	$714.00	55040	03	$714.00	57180	29	$249.27
54328	03	$714.00	55041	05	$1,003.80	57200	01	$466.20
54340	03	$714.00	55060	04	$882.00	57210	02	$624.40
54344	03	$714.00	55100	01	$466.20	57220	03	$714.00
54348	03	$714.00	55110	02	$624.40	57230	03	$714.00
54352	03	$714.00	55120	02	$624.40	57240	05	$1,003.80
54360	03	$714.00	55150	01	$466.20	57250	05	$1,003.80
54380	03	$714.00	55175	01	$466.20	57260	05	$1,003.80
54385	03	$714.00	55180	02	$624.40	57265	07	$1,393.00
54400	03	$714.00	55200	02	$624.40	57267	07	$1,393.00
54401	03	$714.00	55250	02	$624.40	57268	03	$714.00
54405	03	$714.00	55400	01	$466.20	57288	05	$1,003.80
54406	03	$714.00	55500	03	$714.00	57289	05	$1,003.80
54408	03	$714.00	55520	04	$882.00	57291	05	$1,003.80
54410	03	$714.00	55530	04	$882.00	57300	03	$714.00
54415	03	$714.00	55535	04	$882.00	57400	02	$624.40
54416	03	$714.00	55540	05	$1,003.80	57410	02	$624.40
54420	04	$882.00	55550	09	$1,874.60	57415	02	$624.40
54435	04	$882.00	55680	01	$466.20	57513	02	$624.40
54440	04	$882.00	55700	44	$484.16	57520	02	$624.40

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
57522	02	$624.40	59871	05	$1,003.80	63650	02	$624.40
57530	03	$714.00	60000	01	$466.20	63660	01	$466.20
57550	03	$714.00	60200	02	$624.40	63685	02	$624.40
57556	05	$1,003.80	60280	04	$882.00	63688	01	$466.20
57558	03	$714.00	60281	04	$882.00	63744	03	$714.00
57700	01	$466.20	61020	30	$257.36	63746	02	$624.40
57720	03	$714.00	61026	30	$257.36	64410	01	$466.20
58120	02	$624.40	61050	30	$257.36	64415	25	$194.60
58145	05	$1,003.80	61055	30	$257.36	64417	25	$194.60
58346	02	$624.40	61070	30	$257.36	64420	25	$194.60
58350	03	$714.00	61215	03	$714.00	64421	01	$466.20
58353	07	$1,393.00	61790	03	$714.00	64430	25	$194.60
58545	09	$1,874.60	61791	45	$492.69	64470	01	$466.20
58546	09	$1,874.60	61795	39	$422.86	64472	01	$466.20
58550	09	$1,874.60	61885	02	$624.40	64475	01	$466.20
58555	01	$466.20	61886	03	$714.00	64476	01	$466.20
58558	03	$714.00	61888	01	$466.20	64479	01	$466.20
58559	02	$624.40	62194	01	$466.20	64480	01	$466.20
58560	03	$714.00	62225	01	$466.20	64483	01	$466.20
58561	03	$714.00	62230	02	$624.40	64484	01	$466.20
58562	03	$714.00	62263	01	$466.20	64510	01	$466.20
58563	09	$1,874.60	62264	01	$466.20	64517	25	$194.60
58565	09	$1,874.60	62268	30	$257.36	64520	01	$466.20
58660	05	$1,003.80	62269	01	$466.20	64530	01	$466.20
58661	05	$1,003.80	62270	25	$194.60	64553	01	$466.20
58662	05	$1,003.80	62272	25	$194.60	64561	03	$714.00
58670	03	$714.00	62273	01	$466.20	64573	01	$466.20
58671	03	$714.00	62280	01	$466.20	64575	01	$466.20
58672	05	$1,003.80	62281	01	$466.20	64577	01	$466.20
58673	05	$1,003.80	62282	01	$466.20	64580	01	$466.20
58800	03	$714.00	62287	09	$1,874.60	64581	03	$714.00
58820	03	$714.00	62294	30	$257.36	64585	01	$466.20
58900	03	$714.00	62310	01	$466.20	64590	02	$624.40
58970	36	$344.29	62311	01	$466.20	64595	01	$466.20
58974	36	$344.29	62318	01	$466.20	64600	01	$466.20
58976	36	$344.29	62319	01	$466.20	64605	01	$466.20
59160	03	$714.00	62350	02	$624.40	64610	01	$466.20
59320	01	$466.20	62355	02	$624.40	64620	01	$466.20
59812	05	$1,003.80	62360	02	$624.40	64622	01	$466.20
59820	05	$1,003.80	62361	02	$624.40	64623	01	$466.20
59821	05	$1,003.80	62362	02	$624.40	64626	01	$466.20
59840	05	$1,003.80	62365	02	$624.40	64627	01	$466.20
59841	05	$1,003.80	63600	02	$624.40	64630	45	$492.69
59870	05	$1,003.80	63610	01	$466.20	64680	47	$547.33

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
64681	02	$624.40	64840	02	$624.40	65270	02	$624.40
64702	01	$466.20	64856	02	$624.40	65272	02	$624.40
64704	01	$466.20	64857	02	$624.40	65275	04	$882.00
64708	02	$624.40	64858	02	$624.40	65280	04	$882.00
64712	02	$624.40	64859	01	$466.20	65285	04	$882.00
64713	02	$624.40	64861	03	$714.00	65290	03	$714.00
64714	02	$624.40	64862	03	$714.00	65400	01	$466.20
64716	03	$714.00	64864	03	$714.00	65410	02	$624.40
64718	02	$624.40	64865	04	$882.00	65420	02	$624.40
64719	02	$624.40	64870	04	$882.00	65426	05	$1,003.80
64721	02	$624.40	64872	02	$624.40	65710	07	$1,393.00
64722	01	$466.20	64874	03	$714.00	65730	07	$1,393.00
64726	01	$466.20	64876	03	$714.00	65750	07	$1,393.00
64727	01	$466.20	64885	02	$624.40	65755	07	$1,393.00
64732	02	$624.40	64886	02	$624.40	65770	07	$1,393.00
64734	02	$624.40	64890	02	$624.40	65772	04	$882.00
64736	02	$624.40	64891	02	$624.40	65775	04	$882.00
64738	02	$624.40	64892	02	$624.40	65780	05	$1,003.80
64740	02	$624.40	64893	02	$624.40	65781	05	$1,003.80
64742	02	$624.40	64895	03	$714.00	65782	05	$1,003.80
64744	02	$624.40	64896	03	$714.00	65800	01	$466.20
64746	02	$624.40	64897	03	$714.00	65805	01	$466.20
64771	02	$624.40	64898	03	$714.00	65810	03	$714.00
64772	02	$624.40	64901	02	$624.40	65815	02	$624.40
64774	02	$624.40	64902	02	$624.40	65820	01	$466.20
64776	03	$714.00	64905	02	$624.40	65850	04	$882.00
64778	02	$624.40	64907	01	$466.20	65865	01	$466.20
64782	03	$714.00	65091	03	$714.00	65870	04	$882.00
64783	02	$624.40	65093	03	$714.00	65875	04	$882.00
64784	03	$714.00	65101	03	$714.00	65880	04	$882.00
64786	03	$714.00	65103	03	$714.00	65900	05	$1,003.80
64787	02	$624.40	65105	04	$882.00	65920	07	$1,393.00
64788	03	$714.00	65110	05	$1,003.80	65930	05	$1,003.80
64790	03	$714.00	65112	07	$1,393.00	66020	01	$466.20
64792	03	$714.00	65114	07	$1,393.00	66030	01	$466.20
64795	02	$624.40	65130	03	$714.00	66130	07	$1,393.00
64802	02	$624.40	65135	02	$624.40	66150	04	$882.00
64821	04	$882.00	65140	03	$714.00	66155	04	$882.00
64831	04	$882.00	65150	02	$624.40	66160	02	$624.40
64832	01	$466.20	65155	03	$714.00	66165	04	$882.00
64834	02	$624.40	65175	01	$466.20	66170	04	$882.00
64835	03	$714.00	65235	02	$624.40	66172	04	$882.00
64836	03	$714.00	65260	03	$714.00	66180	05	$1,003.80
64837	01	$466.20	65265	04	$882.00	66185	02	$624.40

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
66220	03	$714.00	67112	07	$1,393.00	67903	04	$882.00
66225	04	$882.00	67115	02	$624.40	67904	04	$882.00
66250	02	$624.40	67120	02	$624.40	67906	05	$1,003.80
66500	01	$466.20	67121	02	$624.40	67908	04	$882.00
66505	01	$466.20	67141	35	$338.48	67909	04	$882.00
66600	03	$714.00	67218	05	$1,003.80	67911	03	$714.00
66605	03	$714.00	67227	01	$466.20	67912	03	$714.00
66625	46	$522.12	67250	03	$714.00	67914	03	$714.00
66630	03	$714.00	67255	03	$714.00	67916	04	$882.00
66635	03	$714.00	67311	03	$714.00	67917	04	$882.00
66680	03	$714.00	67312	04	$882.00	67921	03	$714.00
66682	02	$624.40	67314	04	$882.00	67923	04	$882.00
66700	02	$624.40	67316	04	$882.00	67924	04	$882.00
66710	02	$624.40	67318	04	$882.00	67935	02	$624.40
66711	02	$624.40	67320	04	$882.00	67950	02	$624.40
66720	02	$624.40	67331	04	$882.00	67961	03	$714.00
66740	02	$624.40	67332	04	$882.00	67966	03	$714.00
66821	41	$437.50	67334	04	$882.00	67971	03	$714.00
66825	04	$882.00	67335	04	$882.00	67973	03	$714.00
66830	46	$522.12	67340	04	$882.00	67974	03	$714.00
66840	04	$882.00	67343	07	$1,393.00	67975	03	$714.00
66850	07	$1,393.00	67346	01	$466.20	68115	02	$624.40
66852	04	$882.00	67400	03	$714.00	68130	02	$624.40
66920	04	$882.00	67405	04	$882.00	68320	04	$882.00
66930	05	$1,003.80	67412	05	$1,003.80	68325	04	$882.00
66940	05	$1,003.80	67413	05	$1,003.80	68326	04	$882.00
66982	08	$1,362.20	67415	01	$466.20	68328	04	$882.00
66983	08	$1,362.20	67420	05	$1,003.80	68330	04	$882.00
66984	08	$1,362.20	67430	05	$1,003.80	68335	04	$882.00
66985	06	$1,156.40	67440	05	$1,003.80	68340	04	$882.00
66986	06	$1,156.40	67445	05	$1,003.80	68360	02	$624.40
67005	04	$882.00	67450	05	$1,003.80	68362	02	$624.40
67010	04	$882.00	67550	04	$882.00	68371	02	$624.40
67015	01	$466.20	67560	02	$624.40	68500	03	$714.00
67025	01	$466.20	67570	04	$882.00	68505	03	$714.00
67027	04	$882.00	67715	01	$466.20	68510	01	$466.20
67030	01	$466.20	67808	02	$624.40	68520	03	$714.00
67031	41	$437.50	67830	02	$624.40	68525	01	$466.20
67036	04	$882.00	67835	02	$624.40	68540	03	$714.00
67038	05	$1,003.80	67880	03	$714.00	68550	03	$714.00
67039	07	$1,393.00	67882	03	$714.00	68700	02	$624.40
67040	07	$1,393.00	67900	04	$882.00	68720	04	$882.00
67107	05	$1,003.80	67901	05	$1,003.80	68745	04	$882.00
67108	07	$1,393.00	67902	05	$1,003.80	68750	04	$882.00

HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment	HCPCS CODE	ASC Payment Group	SCWCC Maximum Allowable Payment
68770	04	$882.00	69602	07	$1,393.00	69700	03	$714.00
68810	24	$184.60	69603	07	$1,393.00	69711	01	$466.20
68811	02	$624.40	69604	07	$1,393.00	69714	09	$1,874.60
68815	02	$624.40	69605	07	$1,393.00	69715	09	$1,874.60
69110	01	$466.20	69620	02	$624.40	69717	09	$1,874.60
69120	02	$624.40	69631	05	$1,003.80	69718	09	$1,874.60
69140	02	$624.40	69632	05	$1,003.80	69720	05	$1,003.80
69145	02	$624.40	69633	05	$1,003.80	69740	05	$1,003.80
69150	53	$649.81	69635	07	$1,393.00	69745	05	$1,003.80
69205	01	$466.20	69636	07	$1,393.00	69801	05	$1,003.80
69300	03	$714.00	69637	07	$1,393.00	69802	07	$1,393.00
69310	03	$714.00	69641	07	$1,393.00	69805	07	$1,393.00
69320	07	$1,393.00	69642	07	$1,393.00	69806	07	$1,393.00
69421	03	$714.00	69643	07	$1,393.00	69820	05	$1,003.80
69436	03	$714.00	69644	07	$1,393.00	69840	05	$1,003.80
69440	03	$714.00	69645	07	$1,393.00	69905	07	$1,393.00
69450	01	$466.20	69646	07	$1,393.00	69910	07	$1,393.00
69501	07	$1,393.00	69650	07	$1,393.00	69915	07	$1,393.00
69502	07	$1,393.00	69660	05	$1,003.80	69930	07	$1,393.00
69505	07	$1,393.00	69661	05	$1,003.80	G0260	01	$466.20
69511	07	$1,393.00	69662	05	$1,003.80	G0105	02	$624.40
69530	07	$1,393.00	69666	04	$882.00	G0121	02	$624.40
69550	05	$1,003.80	69667	04	$882.00	G0392	09	$1,874.60
69552	07	$1,393.00	69670	03	$714.00	G0393	09	$1,874.60
69601	07	$1,393.00	69676	03	$714.00			

For 2006 ASC HCPCS Codes, Groups and Payment Rates see

http://www.wcc.sc.gov/NR/rdonlyres/A53DF1EE-071E-4D53-8B29-E06330D28C99/0/ASCPaymentRates2006.xls

WORKERS' COMPENSATION
MEDICAL LAWS AND REGULATIONS REFERENCED

The following laws and regulations pertinent to the Hospital and Ambulatory Payment Manual are excerpted from the South Carolina Code of Laws, Title 42, Workers' Compensation, and from the regulations of the South Carolina Workers' Compensation Commission. For access to a complete copy of Title 42, see http://www.scstatehouse.net/code/titl42.htm. For access to a copy of all workers' compensation regulations, see http://www.scstatehouse.net/coderegs/c067.htm.

LAWS

Section	
42-9-360	Assignment of compensation; exemptions from claims of creditors and taxes.
42-15-20	Notice of accident shall be given employer.
42-15-40	Time for filing claim.
42-15-60	Medical treatment and supplies shall be furnished.
42-15-65	Compensation for damage to prosthetic device, eyeglasses, or hearing aid.
42-15-70	Liability of employer for medical treatment.
42-15-80	Physical exam facts not privileged.
42-15-90	Fees of physicians and hospitals approved by commission.
42-15-95	Availability of information by treatment facility.
42-17-30	Commission may appoint doctor to examine employee.
42-19-10	Employers' records and reports of injuries.

REGULATIONS

Section	
67-1301	Medical Reports
67-1303	Payments for Hospital Inpatient Services
67-1304	Payments for Hospital Outpatient Services and Ambulatory Surgery Centers
67-1305	Medical Bill Review

§42-9-360. Assignment of compensation; exemptions from claims of creditors and taxes.

(A) No claim for compensation under this Title shall be assignable and all compensation and claims therefore shall be exempt from all claims of creditors and from taxes.

(B) It shall be unlawful for an authorized health care provider to actively pursue collection procedures against a workers' compensation claimant prior to the final adjudication of the claimant's claim. Nothing in this section shall be construed to prohibit the collection from and demand for collection from a workers' compensation insurance carrier or self-insured employer. Violation of this section, after written notice to the provider from the claimant or his representative that adjudication is ongoing shall result in a penalty of five hundred dollars payable to the workers' compensation claimant.

(C) Any person who receives any fee or other consideration or any gratuity on account of services so rendered, unless consideration or gratuity is approved by the commission or the court, or who makes it a business to solicit employment for a lawyer or for himself in respect of any claim or award for compensation is guilty of a misdemeanor and, upon conviction, must, for each offense, be fined not more than five hundred dollars or imprisoned not more than one year, or both.

(D) Payment to an authorized health care provider for services shall be made in a timely manner but no later than thirty days from the date the authorized health care provider tenders request for payment to the employer's representative, unless the commission has received a request to review the medical bill."

§42-15-20. Notice of accident shall be given employer.

Every injured employee or his representative shall immediately on the occurrence of an accident, or as soon thereafter as practicable, give or cause to be given to the employer a notice of the accident and the employee shall not be entitled to physician's fees nor to any compensation which may have accrued under the terms of this Title prior to the giving of such notice, unless it can be shown that the employer, his agent or representative, had knowledge of the accident or that the party required to give such notice had been prevented from doing so by reason of physical or mental incapacity or the fraud or deceit of some third person. No compensation shall be payable unless such notice is given within ninety days after the occurrence of the accident or death, unless for not giving such notice and the Commission is satisfied that the employer has not been prejudiced thereby.

§42-15-40. Time for filing claim; filing by registered mail.

The right to compensation under this title is barred unless a claim is filed with the commission within two years after an accident, or if death resulted from accident, within two years of the date of death. However, for occupational disease claims the two-year period does not begin to run until the employee concerned has been diagnosed definitively as having an

occupational disease and has been notified of the diagnosis. For death or injury of a member of the South Carolina National Guard, as provided in Section 42-7-67, the time for filing a claim is two years after the accident or one year after the federal claim is finalized, whichever is later. The filing required by this section may be made by registered mail, and the registry within the time periods set forth in this section constitutes timely filing.

§42-15-60. Periods within which medical treatment and supplies shall be furnished; refusal by employee to accept treatment.

Medical, surgical, hospital and other treatment, including medical and surgical supplies as may reasonably be required, for a period not exceeding ten weeks from the date of an injury to effect a cure or give relief and for such additional time as in the judgment of the Commission will tend to lessen the period of disability and in addition thereto, such original artificial members as may be reasonably necessary at the end of the healing period shall be provided by the employer. In a case of controversy arising between employer and employee, the Commission may order such further medical, surgical, hospital or other treatment as may in the discretion of the Commission be necessary. During the whole or any part of the remainder of disability resulting from the injury the employer may, at his own option, continue to furnish or cause to be furnished, free of charge to the employee, and the employee shall accept an attending physician, unless otherwise ordered by the Commission and, in addition, such surgical and hospital service and supplies as may be deemed necessary by such attending physician or the Commission. The refusal of an employee to accept any medical, hospital, surgical or other treatment when provided by the employer or ordered by the Commission shall bar such employee from further compensation until such refusal ceases and no compensation shall at any time be paid for the period of suspension unless in the opinion of the Commission the circumstances justified the refusal, in which case the Commission may order a change in the medical or hospital service. If in an emergency on account of the employer's failure to provide the medical care as specified in this section a physician other than provided by the employer is called to treat the injured employee the reasonable cost of such service shall be paid by the employer if so ordered by the Commission.

In cases in which total and permanent disability results, reasonable and necessary nursing services, medicines, prosthetic devices, sick travel, medical, hospital and other treatment or care shall be paid during the life of the injured employee, without regard to any limitation in this title including the maximum compensation limit. In cases of partial permanent disability prosthetic devices shall be also furnished during the life of the injured employee or so long as they are necessary.

§42-15-65. Compensation for damage to prosthetic device, eyeglasses, or hearing aid.

Damage to a prosthetic device of an injured employee as the result of an injury by accident arising out of and in the course of the employment entitles the employee to compensation ensuring that the prosthetic device is repaired or replaced.

Damage to eye glasses or a hearing aid used by an injured employee as the result of an injury by accident arising out of and in the course of the employment entitles the employee to compensation ensuring that the eye glasses or the hearing aid is repaired or replaced.

§42-15-70. Liability of employer for medical treatment; effect of malpractice.

The pecuniary liability of the employer for medical, surgical, and hospital service or other treatment required, when ordered by the Commission, shall be limited to such charges as prevail in the community for similar treatment of injured persons of a like standard of living when such treatment is paid for by the injured person and the employer shall not be liable in damages for malpractice by a physician or surgeon furnished by him pursuant to the provisions of this section, but the consequences of any such malpractice shall be deemed part of the injury resulting from the accident and shall be compensated for as such.

§42-15-80. Physical examinations; facts learned by doctors are not privileged; refusal to submit to examination; autopsy.

After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the Commission shall submit himself to examination by a duly qualified physician or surgeon designated and paid by the employer or the Commission. The employee shall have the right to have present at such examination any duly qualified physician or surgeon provided and paid by him. No fact communicated to or otherwise learned by any physician or surgeon who may have attended or examined the employee, or who may have been present at any examination, shall be privileged, either in hearings provided for by this Title or any action at law brought to recover damages against any employer who may have accepted the compensation provisions of this Title. If the employee refuses to submit himself to or in any way obstructs such examination requested by and provided for by the employer, his right to compensation and his right to take or prosecute any proceedings under this Title shall be suspended until such refusal or objection ceases and no compensation shall at any time be payable for the period of suspension unless in the opinion of the Commission the circumstances justify the refusal or obstruction. The employer or the Commission may in any case of death require an autopsy at the expense of the person requesting it.

§42-15-90. Fees of attorneys and physicians and hospital charges shall be approved by the Commission.

Fees for attorneys and physicians and charges of hospitals for services under this title shall be subject to the approval of the Commission; but no physician or hospital shall be entitled to collect fees from an employer or insurance carrier until he has made the reports required by the Commission in connection with the case.

Any person who receives any fee or other consideration or any gratuity on account of services so rendered, unless such consideration or gratuity is approved by the Commission or such court or who makes it a business to solicit employment for a lawyer or for himself in respect of any claim or award for compensation shall be guilty of a misdemeanor and, upon conviction thereof, shall, for each offense, be punished by a fine of not more than five hundred dollars or by imprisonment not to exceed one year, or by both such fine and imprisonment.

§42-15-95. Availability of information compiled by treatment facility.

All existing information compiled by a health care facility, as defined in Section 44-17-130, or a health care provider licensed pursuant to Title 40 pertaining directly to a workers'

compensation claim must be provided to the insurance carrier, the employer, the employee, their attorneys, or the South Carolina Workers' Compensation Commission, within fourteen days after receipt of written request. A health care facility and a health care provider may charge a fee for the search and duplication of a medical record, but the fee may not exceed sixty-five cents per page for the first thirty pages, and fifty cents per page for all other pages, and a clerical fee for searching and handling not to exceed fifteen dollars per request plus actual postage and applicable sales tax. The facility or provider may charge a patient or the patient's representative no more than actual cost for an x-ray. Actual cost means the cost of materials and supplies used to duplicate the x-ray and the labor and overhead costs associated with the duplication. If the treatment facility or physician fails to send the requested information within forty-five days of receipt of the request, the person or entity making the request may apply to the commission for an appropriate penalty payable to the commission, not to exceed two-hundred dollars."

§42-17-30. Commission may appoint doctor to examine injured employee; compensation.

The commission or any member thereof may, upon the application of either party or upon its own motion, appoint a disinterested and duly qualified physician or surgeon to make any necessary medical examination of any employee and to testify in respect thereto. The physician or surgeon must be allowed traveling expenses and a reasonable fee in accordance with a fee schedule set by the commission. The commission may allow additional reasonable amounts in extraordinary cases. The commission or any member thereof has the discretion to order either party to pay the fees and expenses of the physician or surgeon, or the commission or any member thereof may order the parties to share responsibility for payment of the fees and expenses.

§42-19-10. Employers' records and reports of injuries.

Every employer shall keep a record of all injuries, fatal or otherwise, received by his employees in the course of their employment on blanks approved by the commission. Within ten days after their occurrence and knowledge of it, as provided in Section 42-15-20 of an injury to an employee requiring medical or surgical attention, as report of the injury must be made in writing and mailed to the commission on blanks approved by it for this purpose. However, for the injury of a South Carolina National Guard member as provided for in Section 42-7-67, the ten days must be counted from the date the employer, the South Carolina National Guard, has knowledge that the federal government has denied benefits to the injured guard member or that benefits or additional benefits may be due under the provisions for South Carolina Workers' Compensation.

Such report shall contain the name, nature and location of the business of the employer and the name, age, sex, wages and occupation of the injured employee and shall state the date and hour of the accident causing injury, the nature and cause of the injury and such other information as may be required by the Commission.

An injury for which there is no compensable lost time or permanency and the medical treatment does not exceed an amount specified by regulation of the Workers' Compensation Commission may be filed in summary on a form and at a time prescribed by the commission. Provided, however, this form may not be used to report an injury to the back.

WORKERS' COMPENSATION
MEDICAL REGULATIONS

Regulations, Chapter 67, Article 13

67-1301. Medical Reports

A. A medical practitioner or treatment facility shall furnish upon request all medical information relevant to the employee's complaint of injury to the claimant, the employer, the employer's representative, or the Commission. Payment for services rendered may be withheld from any medical practitioner or treatment facility who fails to comply with a request for this information.

B. The employer's representative shall submit to the Commission a report indicating the claimant's final rating of permanent impairment.

67-1303. Payments for Hospital Inpatient Services

A. The Commission shall maintain a prospective payment system based on diagnosis related groups with methodology and prices established by the Commission for the payment of inpatient hospital services.

(1) Hospitals submit claims for payment to the employer or insurance carrier on the Form 14A.

(2) The Commission recognizes the current uniform billing (UB) form as its Form 14A for hospitals.

(3) The employer or insurance carrier reviewing the claim for payment shall be entitled to a copy of the applicable hospital records at no charge.

B. The Commission may review and revise the prospective payment system as needed.

C. An employer or insurance carrier may not pay, and a hospital may not accept, more than the amount set by the Commission for inpatient hospital services.

67-1304. Payments for Hospital Outpatient Services and Ambulatory Surgical Centers

A. The Commission shall develop a prospective payment system for outpatient hospital services and services rendered by ambulatory surgical centers. Until such time as the prospective payment system is operational the payments for hospital outpatient services and ambulatory surgical centers shall be set by the Commission based on a discount to the provider's usual and customary charge.

67-1305. Medical Bill Review

A. Upon receipt of a medical claim, the employer or carrier shall review the bill for compliance with the policies and maximum payments set forth by the Commission.

(1) An employer or insurance carrier who reviews medical claims for payment must apply to the Commission for approval to review and reduce medical bills. An employer who is not an approved reviewer may solicit the services of an approved bill reviewer, but may not rely on the Commission for bill review

services.

(2) In cases where the billing involves unusual or complex circumstances the bill may be sent to the Commission's Medical Services Division for initial review.

(3) Whenever a charge is reduced to the Commission's maximum allowable payment, the reviewer shall include on the explanation of benefits (EOB) form a statement which explains the reduction and indicates the provider's right to appeal the reduction as outlined in subsections B and C.

B. A medical provider who disagrees, based on Commission payment policy, with a reduction may appeal the decision directly to the payer/reviewing entity.

C. If the disagreement cannot be resolved between the provider and the payer/reviewer, the matter may then be referred to the Commission's Medical Services Division for review and resolution.

(1) A provider or reviewer may request a review by submitting to the Medical Services Division (a) a cover letter outlining the dispute and stating the requesting party's position regarding the correct payment, (b) a copy of the bill, (c) a copy of the explanation of benefits (EOB), and (d) any supporting documentation.

(2) The Medical Services Division shall review the bill and supporting documentation, using its medical consultant as needed, and shall make a determination regarding correct payment.

(3) The decision of the Medical Services Division shall be final.

D. Any medical provider who discovers an incorrect payment within two years of the original billing date may resubmit the claim to the payer for the correct payment.

E. Any payer who discovers an overpayment made to a provider within two years of the original billing date may request a refund from that provider.